

Little River Band of Ottawa Indians Tribal Court	CHILD CARE VERIFICATION	Case No.
---	-------------------------	----------

3031 Domres Road, Manistee, MI 49660

231-398-3406

PARENT INFORMATION

Complete the top portion of this form and have child care provider complete the remainder:
It is your responsibility to return and complete to the Tribal Court.

Name
Name(s) and age(s) of child(ren) involved in this case
Are you receiving financial assistance for child care from any Federal or State agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the agency and the amount you are receiving.

CHILD CARE PROVIDER INFORMATION **Please attach a schedule of your most recent child care rates.**
The Child Care Provider must complete the remainder of this form for the above named child(ren)

Name of provider			Address	
City	State	Zip	County	Telephone no.
Name & age of child	School year rates	Avg. no. hours/week	Hourly rate	Total weekly rate
Name & age of child	Summer session rates	Avg. no. hours/week	Hourly rate	Total weekly rate
Do you require payment for services even when children are absent to guarantee a position in your center? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				
Does a Federal or State Agency contribute all or a portion of these child care services: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide agency name and amount contributed.				
The above information is provided to enable the Tribal Court to accurately report child care costs in making a child support recommendation. I certify that the above information is true, accurate and complete.				
Date		Signature and title of provider		