

SOUTH SHORE HOUSING

169 Summer Street
Kingston, MA 02364-1220
(781) 422-4200; 1-800-242-0957
FAX (781) 585-7483 TDD (781) 422-4200

VERIFICATION OF DAY CARE

Day Care Name, Address & Telephone #:

Child/Children's names:

South Shore Housing is required to verify the cost of childcare for all persons either applying for or currently receiving rental assistance through this office. We ask your cooperation in supplying the information indicated below. This information will be held in confidence, for use only in determining eligibility or rent payments under our program.

Your prompt return of this information is greatly appreciated.

Sincerely,

Renewal Department

I hereby authorize the release of the information indicated below to South Shore Housing Development Corporation (SSHDC).

Printed name of Client

Signature of Client

Social Security Number of Client

Date

PARTICIPANT/CLIENT DO NOT WRITE BELOW THIS LINE !

Please identify all children of the client who are being cared for by you, providing the following:

Name of Child _____

Name of Child _____

Name of Child _____

Name of Child _____

Does client have a Day Care Voucher? (Please circle one)

YES NO

Actual cost of care to client: \$ _____

per: ____ day ____ week ____ month (check one)

Name of Day Care Facility

Date

Signature of Authorized Representative

Printed Name and Title

Address of Day Care Facility

Telephone Number

PLEASE RETURN FORM TO SSHDC AT ADDRESS ABOVE. THANK YOU.