

## Kinship/Foster Child Care Attendance Confirmation

If you have been approved for the Kinship/Foster Child Care stipend program, your child care provider will need to verify attendance for the child care services on a monthly basis. You are required to submit this completed form each month to confirm the need for kinship/foster child care funding.

**Kinship/Foster Caregiver's Name:**

**Month of Service** (*next month*)\*:

*\*Forms must be received by the **15<sup>th</sup> of each month** for the next calendar month. If this form is not received by the due date, payment for the next month will not be issued.*

The following child(ren) attended Child Care Services for (current month):

(current year):

Child's Name	DOB	Age	Full Time	Part Time	Before/ After School	Summer (school age)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**My signature below indicates true and accurate information regarding the child(ren)'s attendance.**

Child Care Provider's Name:	Title:
Child Care Provider's Signature:	Date:

- **Email to:** [foster-kinshipchildcare@jfs.ohio.gov](mailto:foster-kinshipchildcare@jfs.ohio.gov)
- Email submission is preferred, but if email is not available, please fax to 513-946-1241, ATTN: Ms. Carrie Wynn