

**Family Child Care Home Provider
★ Verification of Income Form ★**

As a Family Child Care Provider, I _____
(Print Name)
declare that I am currently working at least 30 hours per week, and am being paid to
care for children other than my own.

I understand that the Scholars for Excellence in Child Care program reserves the
right to request documented verification of income at any time during my scholarship
agreement term.

Family Child Care Provider Signature

Date