

PARENT/GUARDIAN AFFIDAVIT OF NON-COMPENSATED CHILD CARE

Instructions for Parent / Guardians:

1. DES/Child Care Administration is informed that your child care provider cares for your child without compensation.
2. Please complete this form, obtain the pink copy, and return the form back to your provider as soon as possible.
3. Failure to return the completed form may result in legal action against the provider.

Instructions for DES Certified Providers:

1. This form must be completed by a parent/guardian, who receives non-compensated child care service from you.
2. You must initiate the process, obtain completed form from the parent/guardian, and distribute the form according to the instructions below in order to claim the child for non-compensated care.
 - Original – For you to file in child’s file
 - Yellow – Mail or deliver to your DES Specialist (obtain the address from your Specialist)
 - Pink – Parent/guardian can retain pink copy prior to returning the form back to you
3. All children except for your own are counted towards compensated care unless this form is completed and returned.

PROVIDER INFORMATION

Name (First, M.I., Last): _____

Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

PARENT / GUARDIAN INFORMATION

Name (First, M.I., Last): _____ Phone Number: _____

Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

Relationship to Provider: _____

CHILDREN’S NAMES	BIRTHDATE	DAYS IN CARE	ARRIVAL TIME	DEPARTURE TIME
		Sun Mon Tue Wed Thu Fri Sat Other*	AM PM	AM PM
		Sun Mon Tue Wed Thu Fri Sat Other*	AM PM	AM PM
		Sun Mon Tue Wed Thu Fri Sat Other*	AM PM	AM PM

* Define Other Here: _____

Definition of “Compensation”

“Compensation” means money or other consideration, including goods, services, vouchers, time, or another benefit that is received as payment. Examples of goods and services include, but are not limited to, home or car repair, remodeling, lawn care, house cleaning, cooking, computer repair, hair or nail services, sewing, ironing, child care, gifts or any kind, etc.

I, _____ do solemnly swear (or affirm), under penalty of perjury, that:

1. I understand the meaning of “compensation” defined above;
2. I do not provide any compensation to the child care provider named above for services I receive for my child(ren) listed above; and
3. The foregoing is true and correct.

Parent/Guardian’s Signature: _____ Date: _____

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