

**Shingle Springs Tribal TANF
CHILD CARE ATTENDANCE & EXPENSE**

Name of TANF Client: _____

Name of Child - one sheet per child: _____

Age of Child: Birth - 24 months
 2 - 5 years
 School Aged Child

Name of Child Care Provider: _____

Address: _____

City, State, Zip: _____

Phone: _____

Type of Provider: Child Care Center Part-time Child Care Hourly Rate Fee Schedule Attached? Yes No
 Family Care Home Full-Time Child Care Daily Rate W-9 on File? Yes No
 Trust/Lined/Relative Weekly Rate State License on File? Yes No
 Monthly Rate License-Exempt Provider? Yes No

Child Care for the weeks of -- From: _____ To: _____

Week 1	Date	Time In	Parent/Guardian Signature	Time Out	Parent/Guardian Signature	Total Hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Week 2	Date	Time In	Parent/Guardian Signature	Time Out	Parent/Guardian Signature	Total Hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

CERTIFICATION: By affixing our signatures below, we certify that this is a true and correct record of child care provided.

Client Signature	Date
Child Care Provider Signature	Date

DO NOT WRITE BELOW THIS LINE - FOR SS TT USE ONLY

Hourly Rate	<input checked="" type="checkbox"/>	Number of Hours	Vendor/Pay To:	\$
Daily Rate	<input checked="" type="checkbox"/>	Number of Hours	Vendor/Pay To:	\$
Weekly Rate	<input checked="" type="checkbox"/>	Number of Hours	Vendor/Pay To:	\$
Monthly Rate	<input checked="" type="checkbox"/>	Number of Hours	Vendor/Pay To:	\$

FAMILY ADVOCATE SIGNATURE: _____ **TOTAL \$:** _____