



25 High Street  
Caribou, ME 04736  
Telephone: (207) 493-4234  
Fax (207) 376-0178  
[www.caribouhousing.org](http://www.caribouhousing.org)



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## CHILDCARE EXPENSE PACKET

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### ELIGIBILITY

You may request a *Childcare Expense* on amounts anticipated to be paid by your family for the care of children, under 13 years of age, that allows a family member to actively seek work, go to work, or to further education. The eligible amount will reflect reasonable charges for childcare in the local area.

### ALLOWABLE ELIGIBLE CHILDCARE EXPENSE

Childcare expenses do not include child support payments.

- **Seeking Work**

If the childcare expense being claimed is to enable a family member to seek employment, the family must provide evidence of the family member's efforts to obtain employment at each reexamination. The deduction may be reduced or denied if the family member's job search efforts are not appropriate with the childcare expense being allowed by Caribou Housing Authority.

- **Going to Work**

If the childcare expense being claimed is to enable a family member to be gainfully employed, the family must provide evidence of the family member's employment during the time that childcare is being provided. Gainful employment is any legal work activity (full- or part-time) for which a family member is compensated.

- **Furthering Education**

If the childcare expense being claimed is to enable a family member to further his or her education, the member must be enrolled in school (academic or vocational) or participating in a formal training program. The family member is not required to be a full-time student, but the time spent in educational activities must be commensurate with the childcare claimed.

### VERIFICATION OF CHILDCARE EXPENSES

The housing authority will contact the childcare provider to verify the cost of out-of-pocket expenses that you reported. Please understand that each verification form includes a self-certification statement and any false information that you report may cause you to repay the housing authority for any subsidy overpaid on your behalf, and/or may result in termination from the program.

### HOW TO COMPLETE THE FORMS

1. First, review the attached forms.
  - a. *Self-Certification of Childcare Expense* – This is the family's self-certification of the childcare expense that is paid out of their own pocket (not reimbursed by another agency).
  - b. *Childcare Verification* – The family is to:

- i. Fill in the name of the Childcare Provider on the “RE” line at the top of the page, and
  - ii. Sign in the “Release Statement” box only.
2. When all the forms are complete, submit the completed forms to the housing authority. The housing authority will review your expenses to determine if they are allowable.

Please understand that the Caribou Housing Authority cannot review your expenses or begin any deduction unless we receive all or the required documentation by the due date established in the cover letter. Therefore, it is in your best interest to submit completed and signed forms to the housing authority as soon as possible.



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## SELF-CERTIFICATION OF CHILDCARE EXPENSE

I hereby certify that the following represent true and accurate statements regarding our household circumstances related to childcare:

- Child/children cared for are under 13 years of age.

### Reason for Childcare(check one)

- Such care enables the following family member to work: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone Number: \_\_\_\_\_

Hours worked: \_\_\_\_\_ per  week  month  
Travel time to/from work: \_\_\_\_\_ per  week  month

- Such care enables a family member to attend vocational or academic courses:  
Member's name: \_\_\_\_\_  
Course: \_\_\_\_\_

Institution name, \_\_\_\_\_  
Hours at school: \_\_\_\_\_ per  week  month  
Travel time to/from school: \_\_\_\_\_ per  week  month

### Childcare costs are not paid to anyone living in our household; they are paid to:

Childcare Provider Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

- No adult household member can provide care during the hours care is required.  
 I/We do not receive reimbursement for childcare costs from any agency or individual outside the household.  
 I/We recognize that the above statements are subject to third-party verification.

### CERTIFICATION

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States.**

x. \_\_\_\_\_  
Signature of Head of Household Date





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## CHILDCARE VERIFICATION

RE: \_\_\_\_\_

As a managing agent, we are required to verify income of all families applying for admission in to subsidized housing, and to periodically re-examine this information. To comply with requirements, we must ask your cooperation in supplying the following person(s) names above. This information will be held in strict confidence, for use only in determining the eligibility status of the family. Your prompt return of this letter will be greatly appreciated.

Feel free to contact our office if you have any questions,

Caribou Housing Authority

### RELEASE STATEMENT:

I authorize the Child Care Provider to release information requested directly to the Caribou Housing Authority.

x. \_\_\_\_\_  
Signature of Participant Date

Name(s) and age(s) of child(ren) cared for:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Name of Child Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Childcare is provided on the following days for the hours indicated:

Monday: \_\_\_\_\_ hours

Wednesday: \_\_\_\_\_ hours

Friday: \_\_\_\_\_ hours

Sunday: \_\_\_\_\_ hours

Total hours per week: \_\_\_\_\_

Tuesday: \_\_\_\_\_ hours

Thursday: \_\_\_\_\_ hours

Saturday: \_\_\_\_\_ hours

Total hours per month: \_\_\_\_\_

**Please See Back →**

Cost of care: \$\_\_\_\_\_, per  week  month

\$ received for care from family named above: \$\$\_\_\_\_\_, per  week  month

\$ received for care from others (if any): \$\_\_\_\_\_, per  week  month

Name of individual, program, or other third-part source providing childcare funds for this family:

\_\_\_\_\_

Address: \_\_\_\_\_

Estimated cost of care to the family for the upcoming 12 months: \_\_\_\_\_

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### CERTIFICATION

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x. \_\_\_\_\_  
Signature of Childcare Provider Date