

Talbot County, Maryland  
**CARES Individual Assistance Program**

**CHILDCARE VERIFICATION**  
To Be Completed by Licensed Child Care Provider

Applicant Name: \_\_\_\_\_

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

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**TO BE COMPLETED BY LICENSED CHILDCARE PROVIDER ONLY** (Enclose completed form W-9)

Provider Name: \_\_\_\_\_

Provider License Number: \_\_\_\_\_

Dates of Childcare Provided: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Childcare is paid monthly for actual services rendered)

Cost of Before and After School Only for School Aged Children in Care \$\_\_\_\_\_ [ ] weekly [ ] monthly

Cost of Full-Day Care for School Aged Children in Care \$\_\_\_\_\_ [ ] weekly [ ] monthly

**CARES Eligible = Cost of All Day for School Aged Children in Care – Cost of Before/After School):**

\$ \_\_\_\_\_ [ ] weekly [ ] monthly

Child Care due \$ \_\_\_\_\_ due on \_\_\_\_\_ (date) for month of \_\_\_\_\_

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**To be completed by the licensed childcare provider:**

(List names and ages of all school aged children in care)

	<u>NAME</u>	<u>AGE</u>	<u>VIRTUAL SCHOOL – YES/NO</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Childcare Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form with completed W-9 to:

Talbot County Maryland  
Finance Office  
Attn: Denitsa Myers  
11 N. Washington Street, Suite 9  
Easton, MD 21601

Fax: 410.770.8006

Email: [dmyers@talbotcountymd.gov](mailto:dmyers@talbotcountymd.gov)

With questions, please call Denitsa Myers at 410.770.8024