

SUMMER CHILDCARE SCHOLARSHIP PROGRAM COUNTY OF SAN LUIS OBISPO

Your Name: _____

Return the Completed Form to:

Social Security # _____

Summer Childcare/SLOCEA
(Use inter-County mail)

Your reimbursement check will be mailed to your home. Please provide your current home address:

(Street, including space/apartment # if applicable) city zip

Note: Instructions on how to complete the information below are on the back of this form.

SUMMARY OF SUMMER CHILD CARE EXPENSES						
Child's Name	Provider's Name	Provider's SS # or Tax ID #	Date Care Began	Date Care Ended	\$ Amount Employee Paid/week	\$ Amount Reimbursed by Program

I certify that, to the best of my knowledge, the above information is accurate and that reimbursement is being requested only for eligible children (age 5 to 14; completed kindergarten through 8th grade) whom I claim as a dependent for tax purposes. I also understand that any expenses reimbursed from this claim cannot be used for a tax credit on my federal income tax return, nor can they be reimbursed under the County of San Luis Obispo's ITS Program.

Employee's Signature

Dated

HOW TO COMPLETE THE SUMMER CHILDCARE SCHOLARSHIP PROGRAM CLAIM FORM

Complete all sections of the form. Please print clearly, using blue or black ink. Attach the **original receipt** for the care provided. Sign, date, and mail the completed form to: **Summer Childcare/SLOCEA, using inter-county mail.**

1. Submit only those expenses that are reimbursable under this program. Expenses for school age summer childcare services that make it possible for you to work for the County of San Luis Obispo are the only reimbursable expenses authorized.
2. Child's Name – enter first and last name of the child who received the care.
3. Provider's Name – enter the name of the program, or the name of the individual that provided care, along with either the program's Tax Identification Number (TIN) or the individual's Social Security number.
4. Date Care Began/Ended – enter the beginning and ending dates during which care was provided.
5. \$ Amount Employee Paid/week – enter your total dollar expense for the time period entered.
6. \$ Amount Reimbursed by Program – DO NOT FILL IN.

Attach the original receipt that covers the dates you entered. This receipt must clearly show the name of the program or the individual providing the care; name of child receiving the care; dates that care was provided; and total charge for care.

Submit your Claim Form, and original receipt to: **Summer Childcare/SLOCEA (use inter-county mail)**

If you have any questions about this form, or about the program, please call Nancy Bishop at SLOCEA, 543-2021, or e-mail to: nbishop@slocea.org.