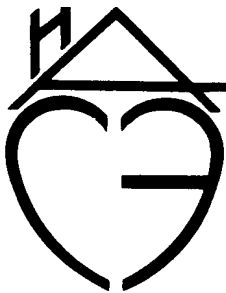


HOUSING AUTHORITY CITY OF ELKHART  
Housing Choice Voucher Program



1396 Benham Avenue  
Elkhart, Indiana 45616

www.ehai.org

Phone 574-295-8392  
Fax 574-293-0580



**CHILDCARE EXPENSE FORM**

**EST. 1962**

*(This form is for independent child care providers to complete for Housing Choice Voucher holders.)*

I provide childcare for (parent name): \_\_\_\_\_

(1) Name(s) of child cared for: \_\_\_\_\_

Childcare is provided from \_\_\_\_\_ AM to \_\_\_\_\_ PM.

Third party agency pays: \_\_\_\_\_ Parent Co- Pay, if any: \_\_\_\_\_

(2) Name(s) of child cared for: \_\_\_\_\_

Childcare is provided from \_\_\_\_\_ AM to \_\_\_\_\_ PM.

Third party agency pays: \_\_\_\_\_ Parent Co- Pay, if any: \_\_\_\_\_

(3) Name(s) of child cared for: \_\_\_\_\_

Childcare is provided from \_\_\_\_\_ AM to \_\_\_\_\_ PM.

Third party agency pays: \_\_\_\_\_ Parent Co- Pay, if any: \_\_\_\_\_

Comments:

Caregiver Name Printed: \_\_\_\_\_

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

Caregiver Agency Signature: \_\_\_\_\_ Date \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, here before me, personally appeared \_\_\_\_\_, to be known the person who executed the forgoing instrument, and acknowledged that he executed the same as his free act and deed.

Notary Seal



\_\_\_\_\_  
Notary Public Signature