



GSA Subsidy Administration Section

U.S. Army Family Enrollment Provider Cost Verification Form

Provider Name: _____
Vendor # _____ **Email:** _____
Phone # _____ **Fax #** _____
Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____
Remit to Address: _____
City: _____ **State:** _____ **Zip Code:** _____

Family Action: **New Family Enrollment** **Rate Change** **Attendance Change** **Adding Child** **Recertification**
Please complete one form per child

Printed Name of Qualifying Sponsor: Last: First: MI:

Child Name: _____

Child's Enrollment Date (start date of care): _____ **Date of Birth (DOB)** _____

Type of Care (check all that apply): **FT** **PT** **Before School Only** **After School Only** **Before and After School**

Summer/Holiday Full Date Rate (school aged): **Daily Rate \$** _____ **Hourly Rate \$** _____

Number of Days/Week: _____ **Number of Hours per day/week:** _____

Provide final cost after deducting all discounts:

Weekly Cost \$ _____ **Monthly Cost \$** _____

Hourly \$ _____ **Respite Care \$** _____

Billing Method: **Calendar Month** **4/5 Week Month** If 4/5 Week billing, provide day of week billing is based upon _____

Does the Family qualify for or receive any other subsidies or discounts? **Yes** **No**

If yes, provide source and amount: Source: Amount:

Other Applicable Fees: **Registration Fee** (note: \$150 maximum may be paid on behalf of each child per provider, per year)

Total Other Fees Charged: \$ _____

Are there any future rate or attendance changes expected within next six (6) months? **Yes** **No**

If yes, explain: _____

Providers who misrepresent information used to calculate Fee Assistance/Child Care Subsidy Benefit may have their Fee Assistance/Child Care Subsidy terminated and would be removed from the GSA Subsidy Administration Program as a qualifying child care provider.

_____ Printed Name of Qualifying Child Care Provider completing this form

_____ Phone Number

_____ Signature of Provider completing this form

_____ Date

**Child care rates & fees must be submitted to the GSA Subsidy Administration Section annually. Only one rate change per year will be accepted for calculation purposes.*

GSA Subsidy Administration Section
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