



General Services Administration (GSA) Child Care Subsidy (CCS) Program
Family Enrollment Provider Cost Verification Form

Provider Name:
Vendor #
Phone #
Physical Address:
City: State: Zip Code:
Remit to Address:
City: State: Zip Code:

Family Action (Complete one form per child, selecting only one action below):
New Family Enrollment Rate Change Attendance Change Adding Child
Recertification Reactivation Other

Printed Name of Qualifying Member: Last: First: MI:
Child Name: Date of Birth (DOB)
Child's Enrollment Date (start date of care): Effective Date of the Rate and Care Type listed below:

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

Child Care costs - Final cost shown should be amount charged after deducting all discounts: (No additional Parent/Family Discounts can be given once an GSA CCS Benefit has been awarded).

Does the Family qualify for or receive any other subsidies or discounts? Yes No
If yes, provide source and amount: Source: Amount: \$

Weekly Cost (Final cost listed should be amount charged after all other subsidies or discounts have been applied) \$
Monthly Cost (Final cost listed should be amount charged after all other subsidies or discounts have been applied) \$
Hourly Cost (Final cost listed should be amount charged after all other subsidies or discounts have been applied) \$
Daily Cost (Final cost listed should be amount charged after all other subsidies or discounts have been applied) \$
Summer/Holiday Full Day Rate (school aged): Daily Rate \$ Hourly Rate \$

Number of Hours per Day: (This is a REQUIRED field)
Number of Days/Week: (This is a REQUIRED field) Number of Hours per Week:

GSA Child Care Subsidy Payment Notification: The USDA Subsidy Administration Section issues payments via the U.S. Treasury based upon calendar month. Providers who bill weekly, the weekly amount will be multiplied by 4.33 resulting in a calendar month cost and payment.

Applicable Fees (Complete below as applicable):
Registration Fee: \$ Description of "Other" Type Fee charged: Amount of "Other" Fee Charged: \$
Description of "Other" Type Fee charged: Amount of "Other" Fee Charged: \$

Note: If there any future rate or attendance changes expected within next six (6) months, please complete, sign and submit additional GSA 2015-01 forms as applicable.

Providers who misrepresent information used to calculate Child Care Subsidy Benefit may have their Child Care Subsidy terminated and would be removed from the USDA Subsidy Administration Section as an approved Child Care Provider.

Printed Name of Qualifying Child Care Provider completing this form
Signature of Provider completing this form
Phone Number
Date