

Please complete this form to authorize a financial delegate to verify documents on your behalf.

Regulated Child Care Service Operating Name: _____

Regulated Child Care Service Physical Location: _____

Financial Delegate

☐ I do not wish to authorize a financial delegate to verify documents on my behalf. I the Child Care Service Provider will retain sole legal and financial responsibility for all information submitted.

☐ I authorize the below named financial delegate to verify forms associated with the identified programs on my behalf. I understand that I retain legal and financial responsibility for the information so verified.

Name of Delegate (please print legibly)

Date

Signature of Delegate

Name of Witness (please print legibly)

Date _____

Signature of Witness

Child Care Service Provider

Program	Child Care Service Provider Initials
Early Learning and Child Care Supplement	
Child Care Subsidy	
Equipment Grant	
Infant Stimulus Grant	
Inclusion Program	

Name of Child Care Service Provider
(please print legibly)

Date _____

Signature of Child Care Service Provider

Name of Witness (please print legibly)

Date _____

Signature of Witness