



Licensed Home Child Care Base Funding – Provider Sign-Off

Name of individual: \_\_\_\_\_ Home agency: \_\_\_\_\_

I, \_\_\_\_\_, have received the following:

Licensed Home Child Care (LHCC) Base Funding gross amount: \$\_\_\_\_\_

Year: \_\_\_\_\_

The funding amounts represent gross funding paid (before taxes and deductions) and may not represent the net amount a home provider received.

Funding is paid on a regular basis throughout the year and is displayed as a separate line on the pay statement.

I acknowledge that the information provided is true and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please print and sign before submitting.

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