

**SHARE/UMASS MEDICAL SCHOOL
CHILDCARE FUND**

MONTHLY VERIFICATION FORM

This form must be signed to verify the previous month's childcare enrollment and cost. Verification forms should be submitted no later than the 5th of each month.

THIS SECTION TO BE COMPLETED BY EMPLOYEE

Name of UMass Employee: _____

Please provide the best email or phone number to use for updates/reminders regarding the SHARE Childcare Fund _____

Signature of Employee: _____ **Date:** _____

**THIS SECTION TO BE COMPLETED BY PROVIDER
COMPLETE SECTION A OR B AND C**

A. Child Care or After School Program

Name of Program: _____

License Number: _____

Address: _____

OR

B. In-home Provider

Name of Provider: _____

Social Security or Tax ID: _____

Address: _____

AND

C. I certify that I/we have provided childcare for the child(ren) listed below.

Name of child(ren) in childcare: _____

For the Month of: _____ At a monthly cost of \$ _____

Signature of Provider: _____ **Date:** _____

Please email or fax this completed form to: share.childcare@theshareunion.org OR **508-929-4040**

For information, please call:

- **Dylan Goodman** at dylan.goodman@theshareunion.org or 617-862-8516
- **Andrea Caceres** at andrea.caceres@theshareunion.org or 617-455-7717