



498 Seventh Avenue, 5th Floor, New York, NY 10018-0009 • Tel: (212) 564-2220 • Fax: (212) 564-2971 • www.1199SEIUBenefits.org • @1199SEIUChildCare

## SPECIAL NEEDS UNLICENSED PROVIDER VERIFICATION FORM

Members, please complete the Member Information section, then ask the provider to complete the rest of the form, including having it notarized, before returning it to you. Once the form is completed and notarized, please submit it via email: [SpecialNeeds@1199Funds.org](mailto:SpecialNeeds@1199Funds.org).

### MEMBER INFORMATION

MEMBER ID	MEMBER FIRST NAME	MEMBER LAST NAME
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#### Approved Program:

☐ Special Needs After-School Voucher ☐ Special Needs Day Care Voucher

### PROVIDER INFORMATION

(This section is completed by the child care provider.)

PROVIDER TYPE	PROVIDER NAME
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PROVIDER ADDRESS	CITY	STATE	ZIP CODE
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Weekly charge: \$ \_\_\_\_\_ Hours of service: \_\_\_\_\_ ☐ AM ☐ PM to \_\_\_\_\_ ☐ AM ☐ PM

CHILD FIRST NAME	CHILD LAST NAME
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### PROVIDER ACKNOWLEDGMENT

By signing below, I certify that I have attained the appropriate training to render child-care services and that the information contained in this document is true.

PROVIDER NAME (PLEASE PRINT)	PROVIDER TITLE
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<b>X</b> PROVIDER SIGNATURE	DATE OF EXAM (MM/DD/YYYY)
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### NOTARY STATEMENT

State of:

County of:

On the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their capacity, and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public

Printed name:

My commission expires: