

**CMU CHOICES**  
*Dependent Day Care Receipt*

Received from: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Description of Day Care Services: \_\_\_\_\_ Name(s) of dependent(s) receiving care: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Are you, the Day Care Provider, related to the participant? Check one: Yes No

If Yes, describe: \_\_\_\_\_

Signature of day care provider: \_\_\_\_\_

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