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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