

Housing Authority of Grayson County
1708 W. Houston
Sherman, Texas 75092
Telephone (903) 892-8717
Fax (903) 868-2649

CHILD CARE VERIFICATION

**THIS IS TO CERTIFY THAT _____ PAYS ME
\$ _____ PER WEEK/MONTH (CIRCLE ONE) TO CARE
FOR _____ SO THAT HE/SHE
CAN BE GAINFULLY EMPLOYED.**

PROVIDERS SIGNATURE

WITNESS'S SIGNATURE

ADDRESS

ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

PHONE NUMBER

PHONE NUMBER

***WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A
CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MIS-
REPRESENTATION TO ANY DEPT. OR AGENCY OF THE U.S.***

***WITNESS'S SIGNATURE CERTIFIES THAT THE OTHER SIGNATURE IS
THE ACTUAL PERSON WHO PERFORMS THE SERVICE. NEITHER
SIGNATURE CAN BE THE PARENT.***

CHILD CARE MANAGEMENT SERVICES

**CHILD CARE SERVICE ASSISTANCE IS PROVIDED TO THE ABOVE
TENANT/APPLICANT WITH A COST TO THEM OF \$ _____ PER
WEEK/MONTH (CIRCLE ONE).**

CCMS CASEWORKER SIGNATURE

DATE