

CHILD OR DEPENDENT CARE EXPENSES

The following must be included in order to file a claim for Child or Dependent Care Expenses:

1. A completed and signed Claim Form For Child/Dependent Care Expenses.
2. Receipts for payments to the provider.
3. Proof that person being cared for is an actual dependent.

*** Pre-existing child care costs are not reimbursable if those same costs were being incurred prior to the crime.***

CLAIM FORM FOR CHILD/DEPENDANT CARE EXPENSES

THIS FORM IS TO BE COMPLETED BY THE CLAIMANT

CVR NUMBER _____ CLAIMANT _____ VICTIM : _____

Your claim investigator is: _____ Phone Number: : _____

Note: The CVR Board is NOT responsible for your bills. The board is not to be listed as the guarantor on the bill.

STEP 1. ANSWER THESE QUESTIONS ABOUT YOUR CHILD/DEPENDANT CARE EXPENSES

Are you responsible for any of these bills? [] Yes [] No If not, who is? _____

If you are not responsible, have you paid part of the expenses? [] Yes [] No

Is the child on this claim your dependent? [] Yes [] No

NOTE: If you answered NO to the questions above, you cannot make a claim for these expenses.

You may NOT claim this expense if your child was in day care prior to the crime.

Please include with this form:

- 1) A tax return showing the child as a dependent or court custody papers is an acceptable proof of dependence.
- 2) Bills and written proof of payment for each expense. Receipts and cancelled checks are examples of acceptable proof of payment.

STEP 2. LIST CHILDREN'S/DEPENDANT'S NAMES AND THEIR BIRTHDATES BELOW:

STEP 3. LIST YOUR CHILD CARE EXPENSES.

Provider Name, Address, Phone Number, and License Number

Dates of Service

Total Charges

Amount Paid

Amount Owed

STEP 4. OBTAIN THE NECESSARY SUPPORTING DOCUMENTATION

Attach a copy of your last tax return or a court document which shows your responsibility for the child/dependant, the itemized bills, and your receipts. If this documentation is not available, please explain.

STEP 5. CLAIMANT SIGNATURE: _____

PRINT NAME: _____

DATE: _____

SEND THIS FORM AND REQUIRED ATTACHMENTS TO YOUR SHERIFF'S CLAIM INVESTIGATOR.