



RENO-SPARKS INDIAN COLONY HOUSING DEPARTMENT

9055 Eagle Canyon Drive, Sparks, NV 89441
Phone 775-785-1300 | Fax 775-424-6004

CHILD CARE DEDUCTION

Name: _____ Soc. Sec. #: _____

Address: _____
Street City/State Zip Code

Name of Agency/Provider: _____ Phone: _____

Address of Agency/Provider: _____
Street City/State Zip Code

I hereby authorize the childcare agency/provider to release information to the Reno-Sparks Indian Colony Housing Department regarding the information requested below. I understand that the information will be kept confidential and will be used only for the program purpose.

Signature: _____ Date: _____
Applicant/Participant/Other Adult

***** TO BE COMPLETED BY CHILD CARE PROVIDER *****

This is to certify that I provide childcare for the family identified above.

1. Name of child/children: _____

2. I am paid \$ _____ per _____.

Name of Agency/Provider: _____ Phone: _____

Address of Agency/Provider: _____
Street City/State Zip Code

CERTIFICATION

This form should be completed and signed by a bona fide representative of the agency or provider. Federal statutes provide severe penalties for any fraud or intentional misrepresentative.

Signature of Authorized Representative: _____

Title: _____ Date: _____

Revised 1/8/2025