



## 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