

**UCPEA CHILD CARE REIMBURSEMENT FUND
APPLICATION FORM**

Return your **completed application & itemized receipts** to UCPEA, Unit 6191, Child Care Reimbursement, or fax the forms to 487-0050. If you used more than two child care providers, please fill out an additional application form.

Time period covered (circle one):
January - April (17 weeks) (Due May 15)
May – August (18 weeks) (Due September 15)
Sept. – December (17 weeks) (Due January 15)

Information about you

Name: _____

Employee # _____ Full-time _____ Part-time _____ (if part time, what percent _____)

Work Phone _____ Home Phone _____

Home Address _____

City _____ State _____ Zip Code _____

Information about your child care provider(s)

1) Child care provider's name _____

Address _____ City, State, Zip Code _____

State license number _____ Phone number _____

Child(ren)'s name and birthdate _____

Amount submitted for reimbursement _____

2) Child care provider's name _____

Address _____ City, State, Zip Code _____

State license number _____ Phone number _____

Child(ren)'s name and birthdate _____

Amount submitted for reimbursement _____

TOTAL AMOUNT SUBMITTED FOR REIMBURSEMENT _____

