

**Department of Education and Early Childhood Development
Authorization of Financial Delegate for Family Child Care Homes**

Please complete this form to authorize a financial delegate to verify documents on your behalf.

Regulated Child Care Service Operating Name: _____

Regulated Child Care Service Physical Location: _____

Financial Delegate

I do not wish to authorize a financial delegate to verify documents on my behalf. I the Child Care Service Provider will retain sole legal and financial responsibility for all information submitted.

I authorize the below named financial delegate to verify forms associated with the identified programs on my behalf. I understand that I retain legal and financial responsibility for the information so verified.

Name of Delegate (please print legibly) _____

Date _____

Signature of Delegate _____

Name of Witness (please print legibly) _____

Date _____

Signature of Witness _____

Child Care Service Provider

Program	Child Care Service Provider Initials
Early Learning and Child Care Supplement	
Child Care Subsidy	
Equipment Grant	
Infant Stimulus Grant	
Inclusion Program	

**Name of Child Care Service Provider
(please print legibly)** _____

Date _____

Signature of Child Care Service Provider _____

Name of Witness (please print legibly) _____

Date _____

Signature of Witness _____