APPLICATION INSTRUCTIONS

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH ELIGIBLE CHILD.

1. List the name, birth date, and age of your dependent child receiving childcare paid by you and for whom you are requesting reimbursement. The child listed must be no older that age 14 with completion of 8th grade. Children older than 14 with special needs or requests are eligible for reimbursement.
2. Be sure to include **all of the following**: phone number, email address, mailing address. We will be contacting you with the status of your application, so it is critically important that we have your contact information on file.
3. Attach a copy of the most recent federal tax returns and W-2s for all contributing adults in the household. **All materials will be kept strictly confidential.**
4. Submit your application to the SLOCEA office **NO LATER THAN JUNE 30, 2023,** via USPS at 1035 Walnut St. San Luis Obispo 93401, fax at 805-543-4039, or email to bdaphne@slocea.org**.**

If your application is approved, you may submit a claim form along with your receipt for the childcare provided. **YOU DO NOT NEED TO SUBMIT ANOTHER APPLICATION FOR THE SAME CHILD.**

CLAIM FORM INSTRUCTIONS

Complete all sections of the form. Attach the **original receipt** for the care provided.

Submit only those expenses that are reimbursable under this program. **Expenses for summer childcare services that make it possible for you to work for the County of San Luis Obispo (i.e., during your hours of work) are the only reimbursable expenses authorized.**

You may submit more than one claim form if necessary.

1. Provider's Name – enter the name of the program or the name of the individual who provided care.
2. Provider's SS or Tax ID# - Enter the program's Tax Identification Number (TIN) or the individual's Social Security number.
3. Date Care Began – Enter the date care started. Expenses for care which was provided before June 8, 2023 will not be accepted and are not eligible for reimbursement.
4. Date Care Ended – Enter the end-of-care date.
5. Amount Paid Per Week – Enter the out-of-pocket expense **for 1 week of care** with the provider**.**
6. Total Amount Paid – Enter your **TOTAL** out-of-pocket expense for the time period provided in columns 3 and 4.

Attach the original receipt that covers the dates you entered. The receipt must clearly show the name of the program or the individual providing care; name of the child receiving care; dates the care was provided; and total charge for care.

Submit all documents to the SLOCEA office via email, fax, USPS, or in-person delivery:
1035 Walnut St. San Luis Obispo, 93401 | FAX: 805-543-4039 | bdaphne@slocea.org

Summer Childcare Reimbursement Program

Claim Form

Return this completed form to the SLOCEA office via:

Fax: 805-543-4039

Email: bdaphne@slocea.org

OR

In-person to 1035 Walnut St. SLO

YOUR NAME: _____ CHILD'S NAME: _____

Your reimbursement check will be mailed to your home. Please provide your current home address:

_____ _____ _____

STREET ADDRESS *(including space/apartment # if applicable)* CITY ZIP

Note: Instructions on how to complete this information below are on the back of this form

SUMMARY OF CHILDCARE EXPENSES					
Provider's Name	Provider's SS# or Tax ID#	Date Care Began	Date Care Ended	Amount Paid **Per Week**	**Total** Amount Paid
				$	$
				$	$
				$	$
				$	$
				$	$

I certify that, to the best of my knowledge the above information is accurate and that reimbursement is being requested only for eligible children (ages 14 and under) whom I claim as a dependent for tax purposes. I also understand that any expenses reimbursed from this claim cannot be used for a tax credit on my federal income tax return, nor can they be reimbursed under the County of San Luis Obispo's ITS Program.

_____ _____

Employee's Signature Date

CLEAR FORM