

South Carolina Department of Social Services  
Economic Services

**CHILD CARE PAYMENT VERIFICATION FORM**

**Part I.**

Return Form To: \_\_\_\_\_ Applicant/Recipient's Name: \_\_\_\_\_

South Carolina Department of Social Services Case No.: \_\_\_\_\_

Address: \_\_\_\_\_ Case Name: \_\_\_\_\_

\_\_\_\_\_

DSS Worker's Name: \_\_\_\_\_

**Part II.**

I certify that the above named applicant/recipient is billed \$ \_\_\_\_\_

per: Week Month Other: (Explain) \_\_\_\_\_

for the following child(ren): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you receive any SC Voucher(s) for the child(ren) of the above named Applicant/Recipient? Yes No

I Do Do Not receive Temporary Assistance for Needy Families (TANF) benefits.

I Do Do Not receive Supplemental Nutrition Assistance Program (SNAP) benefits.

Name of Caregiver: (Please print) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Caregiver's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Instructions for DSS Form 1670**

This form is used to inform the Agency how much an applicant/recipient is paying for child care.

### **Part I is completed by the DSS Worker sending this form.**

Address: The DSS Worker inputs his/her county office's address or the client's local DSS office into this field.

DSS Worker's Name: Self-explanatory.

Applicant/Recipient's Name: Self-explanatory.

Case No.: Client's CHIP case number.

Case Name: Name of case given in CHIP.

### **Part II is completed by the child care provider.**

Name of Caregiver: Caregiver prints his or her name.

Address: Caregiver inputs the address of the location of where child care services are provided.

Telephone No.: Caregiver inputs his/her telephone number.

Caregiver's Signature: Self-explanatory.

Date: Caregiver inputs the date in which he/she completes the form.