



School Based and Military Certification for Payment Only Request

Confidential

Agency Information

Name _____

Street Address _____

Mailing Address *(if different from above)* _____

Phone _____ Fax _____

Email _____

Type of organization ☐ Military ☐ School based

Name of Child Care Center, or Family Home Provider _____

Facility Information

Street Address _____

Mailing Address *(if different from above)* _____

Phone _____ Fax _____

Email _____

Primary Contact Person's Information

Name (military installation contact person) _____

Phone _____ Email _____

Employer identification number or social security number _____

Comments

Signature

Contact person's signature _____ Date _____