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POSTDOCTORAL SCHOLAR AND CHILDCARE PROVIDER ATTESTATION FORM

INSTRUCTIONS

This attestation must be completed accurately by the license-exempt, non-relative childcare provider ("provider") and the Postdoctoral Scholar. To avoid delays in processing, the form must be signed by both the provider and the Postdoctoral Scholar seeking reimbursement. Submission of this completed form is required for reimbursement of childcare services provided by a license-exempt, non-relative provider.

I. LICENSE-EXEMPT CHILDCARE PROVIDER INFORMATION

Full Legal Name: _____

Business Name (if applicable): _____

EIN/Taxpayer ID (if applicable): _____-_____

Address of Care Location (street/city/zip):

_____

Phone Number: _____

Email Address: _____

II. DEPENDENT INFORMATION

Dependent 1 Full Name: _____

Dependent 2 Full Name: _____

Dependent 3 Full Name: _____

Dependent 4 Full Name: _____

Additional dependents, please list on an additional page.

III. EMPLOYEE INFORMATION

Full Name: _____

Relationship to Dependent(s): _____

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IV. ATTESTATIONS

1. License-Exempt Childcare Provider

   I, the undersigned, declare and attest to the following:

   a. I am a license-exempt childcare provider as defined under California Health and Safety Code § 1596.792, meaning I am legally permitted to provide childcare services without a license under applicable exemptions, including but not limited to caring for the children of only one other family in addition to my own.

   b. I am not a Relative of the Employee listed above in Section III.

      i. For purposes of this attestation, "Relative" means:

      Spouse, domestic partner, parent, stepparent, son, daughter, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or such person denoted by the prefix "grand" or "great," or the spouse or domestic partner of any of the persons specified in this definition, even after the marriage or domestic partnership has been terminated by death or dissolution. (Cal. Code Regs. title. 22, § 82001)

   c. Signature: _____

   d. Date: _____

   e. Printed Name: _____

2. Postdoctoral Scholar Employee

   a. I understand that knowingly submitting false information may result in denial of reimbursement.

   b. I agree to submit this attestation form during the reimbursement process as required.

   c. Signature: _____

   d. Date: _____

   e. Printed Name: _____

NOTE TO EMPLOYEES: Attach this form with your reimbursement submission (UBEN-255 Form) for any childcare services provided by a license-exempt, non-relative provider.