

**DEPENDENT CARE RECEIPT**

*Please Print*

Received from (Parent's Name)

payment for dependent care services for the period \_\_\_\_\_ to \_\_\_\_\_

in the amount of \$ \_\_\_\_\_ .

\_\_\_\_\_  
Name of Facility or Person Providing Care

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

This receipt should be uploaded with your online claim submission as an attachment  
*If you cannot attach the file, please print out this receipt and the claim confirmation page*

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