

**UCPEA CHILD CARE REIMBURSEMENT FUND
APPLICATION**

Return your **completed application, UCPEA reimbursement receipt and itemized receipts** to UCPEA, Unit 6191, Child Care Reimbursement, fax the forms to 860-487-0050 **or scan all documents and email them to ucpeaoffice@ucpea.org**. If you used more than two childcare providers, please fill out an additional application form.

Time period covered (circle one):
January - April (18 weeks) (Due May 15)
May – August (17 weeks) (Due September 15)
Sept. – December (18 weeks) (Due January 15)

- **NO APPLICATIONS WILL BE ACCEPTED AFTER THE DEADLINE**

If the deadline falls on a weekend and/or holiday, the application will be accepted on the next business day

Information about you

Name: _____

Employee # _____ Full-time _____

Work Phone _____ Home Phone _____

Home Address _____

City _____ State _____ Zip Code _____

Information about your child care provider(s)

1) Child care provider's name _____

Address _____ City, State, Zip Code _____

State license number _____ Phone number _____

Child(ren)'s name and birthdate _____

Amount submitted for reimbursement _____

2) Child care provider's name _____

Address _____ City, State, Zip Code _____

State license number _____ Phone number _____

Child(ren)'s name and birthdate _____

Amount submitted for reimbursement _____

TOTAL AMOUNT SUBMITTED FOR REIMBURSEMENT _____

_____ Signature

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any false statement may disqualify me from any childcare reimbursement benefits.