

\$\$\$ CHILD CARE \$\$\$
DELINQUENT COPAYMENT STATEMENT

CHILD CARE PROVIDER

CHILD CARE CLIENT

Name

Name

Address

Address

Phone

Phone

I, _____, hereby declare that the above
named client is delinquent in paying his/her Child Care Copayment for
the service month of _____ which was due to me no later than
the 30th of that month. This client was reminded, in writing, on
_____ of the total amount due.
(Date)

TOTAL MONTHLY COPAYMENT AMOUNT: \$ _____

AMOUNT RECEIVED: \$ _____ (Date)

BALANCE DUE: \$ _____

(Signature)

(Date)