QC 7CCE
Rev. 12/25
08/18 Issue Obsolete

Louisiana Department of Health
Economic Stability
Supplemental Nutrition Assistance Program
SNAP – Quality Control

_____
_____
_____
_____

QUALITY CONTROL CHILD CARE EXPENSE VERIFICATION

Date: _____
Case Name: _____
QC Review Number: _____
QC ES Specialist: _____

The above-named person has given consent for release of information requested below in order to complete a federally-mandated quality control review. Please complete this form and return it to the address or fax number listed above by _____. Thank you for your cooperation.

1. Do you still provide childcare for the child/children of this household? ☐ Yes ☐ No

   If yes, please give the date you started providing care? _____

   If no, please give the date you stopped providing care? _____

2. List the name(s) of child/children you provide care, the amount you are paid per child, and how often in the chart below.

Child's Name	Amount you are paid	How often?

3. How much did you receive in _____? $ _____

   How much did you receive in _____? $ _____

Signature: _____ Date: _____

Print your name: _____

Address: _____

Telephone number where you can be reached during the day: _____