



# REWARD Oklahoma

## Family Child Care Provider Income Statement

As a family child care home provider, I \_\_\_\_\_,  
declare that I am currently working at least 30 hours per week directly with  
children, and I am being paid to care for children other than my own. I also  
attest that my income does not exceed \$15.50 an hour when I subtract out my  
expenses.

I understand that **REWARD Oklahoma** reserves the right to request  
documented verification of income at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

Please return to:

Center for Early Childhood Professional Development  
REWARD Oklahoma  
1801 North Moore Avenue  
Moore, OK 73160-7668

FAX: 405-799-7634 (Attention: REWARD Oklahoma)