



Statement for Providers with Assistants

Provider Name _____ Provider Number _____

- If you are a licensed provider who uses an assistant or helper, you must have this completed form on file at the 4C food program office, so that your claim will process properly.
- This form does not expire until you inform 4C that you no longer use any assistant or helper.

Put a check mark in the one box below that applies to you;

- I am a licensed provider, and I currently use an assistant or helper in my child care business
- I am a licensed provider and I no longer use an assistant or helper, effective _____ (date).

I understand that it is my responsibility to inform 4C whether or not I currently use an assistant or helper in my child care business.

Provider signature _____ Date _____

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6/2016