



HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN
501 MOHN STREET | STEELTON | PENNSYLVANIA | 17113
717-939-9301 | FAX 717-939-7947 | TDD 1-800-545-1833 EXT. 304
WWW.DAUPHINHOUSING.ORG

CHILD CARE DEDUCTION

Child Care Provider: _____

Address of Provider: _____

Phone # of Provider: _____

I, _____ receive \$_____ each week for the care of the
(printed name of provider)
child/children listed below:

Signature of Parent

Date

Signature of Provider

Date

This section for use by Notary Public-stamp, seal, date and signature required

Please mail or fax the completed form to the address/fax number listed above. Thank you for your time and effort in providing this information.