



**Ryan White HIV/AIDS Treatment Extension Act
Boston EMA HIV Health Services Planning Council**

c/o Planning Council Support
1010 Massachusetts Ave, 2nd Floor
Boston, MA 02118
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Child Care Reimbursement Form

To be filled out by the childcare provider:

I, _____, will be providing child care services to _____,
who is the _____ of _____, on the following date _____
at the following location _____, at the cost of \$_____/hour
for _____ hours, totaling \$_____.

Contact info of provider:

Name: _____

Signature: _____

Telephone: (____)_____

Planning Council member:

Name: _____

Signature: _____

Date: _____