

# Dependent Care Acknowledgement Form



USAdmin Services, LLC (Febco Division)

## Participant Information

Employer Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## Dependent Information

1 Dependent Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

2 Dependent Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

3 Dependent Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

4 Dependent Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## Daycare/Private Sitter Information (To be completed by your Daycare provider/Private sitter)

Service Start Date: \_\_\_\_\_ Service End Date: \_\_\_\_\_

Amount received or will receive: \$ \_\_\_\_\_ ( Weekly - Bi-weekly - Monthly )

Private Sitter Social Security or Tax ID: \_\_\_\_\_

Private Sitter Name (Please Print) \_\_\_\_\_

Private Sitter Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Daycare Name: \_\_\_\_\_

Daycare Tax ID: \_\_\_\_\_

Dependent Care Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Signature *(Incomplete forms will not be processed)*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax this form to: (502) 695-9692 or  
(423) 634-0625**

USAdmin Services, LLC (Febco Division)  
PO Box 11045  
Chattanooga, TN 37401