

**UCPEA CHILD CARE REIMBURSEMENT FUND  
APPLICATION**

Return your **completed application, UCPEA reimbursement receipt and itemized receipts** to UCPEA, Unit 6191, Child Care Reimbursement, fax the forms to 860-487-0050 **or scan all documents and email them to [rswift@ucpea.org](mailto:rswift@ucpea.org)**. If you used more than two child care providers, please fill out an additional application form.

**Time period covered (circle one):**  
**January - April (18 weeks) (Due May 15)**  
**May – August (17 weeks) (Due September 15)**  
**Sept. – December (17 weeks) (Due January 15)**

- **NO APPLICATIONS WILL BE ACCEPTED AFTER THE DEADLINE**

If the deadline falls on a holiday, the application will be accepted on the next business day

**Information about you**

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

Employee # \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ (if part time, what percent \_\_\_\_\_)

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Information about your child care provider(s)**

1) Child care provider's name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

State license number \_\_\_\_\_ Phone number \_\_\_\_\_

Child(ren)'s name and birthdate \_\_\_\_\_

Amount submitted for reimbursement \_\_\_\_\_

2) Child care provider's name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

State license number \_\_\_\_\_ Phone number \_\_\_\_\_

Child(ren)'s name and birthdate \_\_\_\_\_

Amount submitted for reimbursement \_\_\_\_\_

**TOTAL AMOUNT SUBMITTED FOR REIMBURSEMENT \_\_\_\_\_**