

Zero Balance Verification Form

Date: _____

Parent's Name: _____

Child's Name: _____ SS#: _____

Child's Name: _____ SS#: _____

Child's Name: _____ SS#: _____

Provider's Name/Program Name: _____

Phone Number: _____ Vendor ID# _____

Last day child (ren) attended: _____

Authorized Representative Name: _____ Title: _____

Office Use Only:

Zero balance confirmed on: _____ @ _____ am /pm by: _____

Spoke with: _____

****PLEASE MAKE COPIES AND KEEP FOR YOUR RECORDS******