Washington State Department of CHILDREN, YOUTH & FAMILIES

Foomka Xaqiijinta Maaliyadaha Baahiyada Adag ee Daryeelka Carruurta

Child Care Complex Needs Fund Verification Form

Magaca xarunta/goobta:	
Lambarka Aqoonsiga Adeeg-bixiyaha Ruqsada Haysta:	
Magaca cidda lala xiriirayo:	
Cinwaanka email-ka cidda lala xiriirayo:	
Lambarka telefoonka:	

Magaca Iibiyaha *Waa waxay magaca ganacsiga ama qofka aad lacagta siisay?*	**Waxyaabaha Ku Jira** *Waa maxay waxa(waxyaabaha) aad iibsatay?*	**Qaybta Kharash-gareynta*** *Waa maxay qaybta kharash-gareynta u dhiganta waxa?*	**Kharashka** *Wadarta guud ee qaddarka kharash-gareynta deeqda ee rasiidkan*
Tusaalooyin: Best Buy ******** Xog Socodsiinta Otomaatiga ah (ADP)	 Kombiyuutarrada gacanta (Tablets) ******** Liiska Mushaaraadka	 Agab Taageero/La-qabsi ******** Shaqaalaha	 $700 ******** $5,000

Wadarta Kharashka: $ _____

Fadlan ku soo lifaaq boggag dheeraad ah haddii aad u baahan tahay misaaxo dheeri ah.

*Qaybaha:
- Shaqaalaha (Kuddarista xubno shaqaale ah ama kordhinta saacadaha shaqaalaha)
- Adeegyo Daaweyn
- Horumarinnada Xarunta (si loogu hoggaansamo jaangooyada gelidda ADA ama baahiyada hab-dhaqan)
- Qalab ama Agab Taageero/La-qabsi