

Income Verification Form

Child Care Case # \_\_\_\_\_ Date of Notice: \_\_\_\_\_

Client: \_\_\_\_\_

Reason: \_\_\_\_\_ New Employment (check stubs not received yet) \_\_\_\_\_ Current Employment Changes (hours, pay)  
\_\_\_\_\_ Eligibility (check stubs not available at this time)

\*\* I authorize my employer to release the following information to Child Care Resource & Referral. I understand that this information may be verified by phone by the Child Care Resource & Referral staff. Any fraudulent, false, or misleading information given may result in loss of childcare payments, and my childcare case will be cancelled or denied.

Client's Signature: \_\_\_\_\_

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

**THE SECTION BELOW MUST BE COMPLETED BY THE EMPLOYER**

Employee Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

\* IF ON LEAVE..... Return Date: \_\_\_\_\_ Type of Leave: \_\_\_\_\_

Rate of Pay Hourly: \_\_\_\_\_

Frequency of Pay: Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Twice Monthly \_\_\_\_\_ Monthly \_\_\_\_\_

\* Commission? \_\_\_\_\_ \* If so, what is the monthly average? \_\_\_\_\_

\* Tips? \_\_\_\_\_ \* If so, what is the monthly average? \_\_\_\_\_

Is this employee paid "CASH"? (meaning that taxes are not immediately deducted, client responsible for 1099 at year's end) \_\_\_\_\_

If hours vary, please give an example schedule with the average # of hours and days worked per week. Be sure to indicate AM or PM

Hours:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total:
From:								
To:								

Do these hours vary? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

How many hours per week on average?: \_\_\_\_\_ How many days per week on average?: \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Child Care Resource & Referral  
801 N Larkin Ave Suite 202  
Joliet, IL 60435  
815-741-4622 (phone)  
815-741-1170 (fax)