

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
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