

**CENTRAL TEXAS WORKFORCE CENTER
VERIFICATION FORM (Child Care)**
(Workforce Specialist/Child Care will attach this addendum to form 2050)

PLEASE READ ALL SECTION INSTRUCTIONS. Please complete all sections of this form **front and back**. If a section does not apply to your situation, please mark N/A. This form must be received or be postmarked by _____. You must sign Part D.

PART A – HOUSEHOLD INFORMATION

INSTRUCTIONS: Please list every member of your household in the below spaces.

Name (Last, First, Middle – Please Print)	Social Security #	D.O.B.	Relation	Race	In Care
			Self (You)		

Address: _____ Home Telephone: _____

Please check one of the following: Single Married Separated Divorced Widowed Spouse Incarcerated
If you or anyone in your household receives money from the following, please enter the **amount**.

- | | |
|--|--|
| \$ _____ TANF | \$ _____ SOCIAL SECURITY (Written Proof Required) |
| \$ _____ S.S.I | \$ _____ CHILD SUPPORT (Written Proof Required) |
| \$ _____ FOOD STAMPS | \$ _____ VETERANS ASSISTANCE OFFICE (Written Proof Required) |
| \$ _____ MONTHLY MEDICAL EXPENSES for a child with disabilities (Written Proof Required) | |
| \$ _____ OTHER (Written Proof Required) | |

PART B – EMPLOYMENT / WAGE VERIFICATION

INSTRUCTIONS: Your current employer must complete this section. You may be requested to provide your most recent income tax return. If you are self-employed, you **MUST** provide your most recent income tax return. This form must be completed for **EACH** place of employment

Employee's Name: _____ Place of Employment: _____ Date of Employment _____

Average Hours Worked Per Week: _____ Hourly Pay Rate: \$ _____

How Often Paid? Weekly Bi-Weekly Bi-Monthly Monthly (Please Circle One)

If your employee is paid a monthly or yearly salary, please indicate amount: \$ _____

If you employee works overtime, please give average hours per month: _____ Hourly Overtime Rate: \$ _____

If your employee receives any other income, please list (Example: Tips, Commission, Etc...) \$ _____

Signature of Person Providing Information _____ Title _____ Date _____

Business Address _____ Telephone Number _____

PART C – SCHOOL / TRAINING VERIFICATION
 (Parent must provide a copy of Degree Plan/Training Plan and Transcript of Grades)

INSTRUCTIONS: This section must be completed by a school or training official.

Student's (Parent) Name _____

School / Training Institution: _____

Address of School/Training Institution: _____ Telephone Number: _____

Date of Enrollment: _____ Degree Plan/Training Plan: _____

Do you consider this Degree Plan/Training Plan a preparation for a job in a high demand occupation that will provide opportunity for advancement? Yes No

Total Number of Hours / Semester Hours Currently Enrolled: _____ Total Hours / Semester Hours Completed: _____

Hours / Days of Scheduled Classes: _____ Anticipated graduation/completion date: _____

FINANCIAL AID:

Pell Grant Amount: \$ _____ Pell Grant Balance: \$ _____

Veterans Benefits Amount: \$ _____

Please List Other Loan Types and Amounts: \$ _____

SUPPLIES:

Please list the cost of the following: Books: \$ _____ Supplies: \$ _____ Uniforms: \$ _____ Other: \$ _____

If you listed Other, Please explain: _____

Signature of Person Providing Enrollment Information _____ Title _____ Date _____

Signature of Person Providing Financial Aid Information _____ Title _____ Date _____

PART D – PARENT SIGNATURE

INSTRUCTIONS: The parent or caretaker of the child who is receiving Child Care Services must complete this section.

I certify that the above information provided on this form is true and accurate to the best of my knowledge. I understand that giving false information may constitute fraud and could result in prosecution and / or the repayment of money for services for which I was not entitled. I release any and all parties providing information to the Child Care Contractor and CTWDB regarding my employment, schooling or training from any liability associated with the release of such information. I understand that the information I provide is for determining my eligibility for childcare services.

Parent / Caretaker Signature _____ Date _____