

## **CHILD CARE VERIFICATION REQUEST**

		Case Name:	
		Case Number:	
		Address:	
In o	order to process your application for publicly-funded child care, the fo	llowing documents must be submitted:	
	COMPLETED CHILD CARE APPLICATION		
	❖ SIGNED and DATED with <u>all sections</u> completed		
	WORK OR SCHOOL SCHEDULE		
	<ul> <li>Paystubs, payroll history, or letter from employer detailing works</li> <li>Official School Schedule – including days/hours scheduled to atter</li> </ul>		
	INCOME VERIFICATION (EARNED OR UNEARNED) <u>FOR ALL ADULTS IN THE HOUSEHOLD</u>		
	<ul> <li>Last 30 days of pay stubs; including hours worked AND gross pay</li> <li>Child Support Order (or divorce decree)</li> <li>Unearned income (unemployment, social security, worker's compensation, etc.)</li> <li>Self-Employment Income (last year's income tax filing including Schedule C)</li> <li>If you do not have any income, you must provide a notarized statement detailing how you meet basic living expenses (rent, utilities, etc.)</li> </ul>		
	CITIZENSHIP VERIFICATION FOR ALL CHILDREN REQUIRING CARE CHILD CARE VERIFICATION REQUEST		
	<ul> <li>Birth Certificate, US Passport, Qualified Alien Verification, etc.</li> </ul>		
	CHILDREN'S SCHOOL VERIFICATION (for each school-age child in you   Name and address of school(s) attended  Grade(s)  Hours Attended	r household)	
	LECTED CHILD CARE PROVIDER		
	Name and address of the child care provider(s) you have selected		
	OTHER		
FAIL	LURE TO SUBMIT THE REQUESTED INFORMATION BY THIS DATE MAY	RESULT IN THE TERMINATION OF YOUR ASSISTANCE OR	

PLEASE INCLUDE YOUR NAME AND CASE NUMBER ON EACH DOCUMENT SUBMITTED. DOCUMENTS MAY BE SUBMITTED AT YOUR LOCAL OPPORTUNITY CENTER OR BY FAX (614-233-2748 A-K OR 614-233-2749 M-Z).

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