



INCOME VERIFICATION

Attention Client: This form must be signed by YOU and YOUR EMPLOYER before submitting to our office.

TO BE FILLED OUT BY CLIENT:

Client Name: _____

Social Security: _____

CIRCLE ALL THAT APPLY: New Employment Shift Change Return from Leave

Weekly Hours: Increase OR Decrease

Pay: Increase OR Decrease

I hereby authorize my employer to release the following information to the Illinois Department of Human Services. I understand that this information may be verified by phone. Any fraudulent, false or misleading information given may result in loss of childcare payments and my child care case can be canceled or denied.

CLIENT SIGNATURE: X _____ DATE: _____

TO BE FILLED OUT BY EMPLOYER:

Employer/Company Name: _____

Business address: _____

Business phone: _____

Start date of current employment: _____

Actual—or average—number of hours worked by employee per week: _____

The employee is paid by (circle one): Cash Personal Check Payroll Check Other

The employee is paid (circle one): Weekly Biweekly Semi-monthly Monthly

The employee receives a gross amount of \$ _____ per pay period. (If amount varies, please give average amount.)

The employee's gross hourly wage: \$ _____ per hour

The employee receives weekly tips or commissions in this estimated amount: \$ _____ per week

Table with 8 columns (Monday-Sunday) and 2 rows (From: To:). Each cell contains 'a.m.' or 'p.m.' for work schedule.

Please give the employee's typical work schedule. (Circle either "a.m." or "p.m." in each applicable box.)

Date of completion if this is a temporary job: _____

Is the employee still working for you? Y / N If no, date last worked? _____

Any lapse in employment (i.e., medical leave, maternity leave, worker's compensation...)? Y / N If yes, list dates from: _____ to _____

If currently on leave: Return date: _____ Type of leave: _____

I verify that above information is true and correct to the best of my knowledge.

EMPLOYER'S SIGNATURE: X _____ DATE: _____

THIS FORM MUST BE COMPLETED BY YOUR EMPLOYER AND RETURNED TO THE ADDRESS AT THE RIGHT WITHIN 10 BUSINESS DAYS.

PLEASE RETURN FORM TO: Child Care Resource & Referral 600 Lincoln Avenue Charleston, IL 61920-3011