

CHILD CARE DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM
WAGE DETAIL FORM (v5-01--13)

NOTE: Check stubs or employer's cancelled checks (front and back) must be included with this form for the pay dated listed.

APPLICANT / CO-APPLICANT SECTION – To be completed by the employee.

I hereby authorize and request you provide the Child Care Development Fund information as specified below. This information is necessary to establish my eligibility for childcare assistance. This is without any liability to you whatsoever. You may retain a copy of this authorization for your records.

Employee Signature _____ Last 4 of Social Security Number _____

Printed Name _____ Date _____ Phone # _____

EMPLOYER SECTION – To be completed by your Employer ONLY

Please complete the following information for the period of _____ to _____

Actual Date Paid	Gross Wages Paid	Total Hours Worked	Check Number <i>If cancelled check are provided</i>

Is this individual still employed? ____ Yes ____ No *If NO, please provide last day worked* _____

Employer's Name _____ Business Phone Number _____

Street Address _____ City _____ Zip _____

Please provide your business's EIN number _____ and/or attach your business card.

Signature _____ Printed Name and Title _____

Date completed _____ *Note: **This form cannot be accepted without the EIN number and/or business card.***

If you have questions regarding this form, please contact
Automated Health Systems
Phone: (855) 533-7342, Fax: (855) 631-0120
www.inchildcare.org