

## CHILD CARE SERVICES EMPLOYMENT/INCOME VERIFICATION

## Language Assistance/Asistencia de idioma

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.

Employee Name:

TWIST ID:

TO WHOM IT MAY CONCERN: This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for child care services, verification of income actually received for the period identified below is necessary. Please complete this form as soon as possible as it is required before I, or a member of my family, can be determined eligible for the program.

Your cooperation and prompt return of this information is appreciated. For questions, or to complete by phone, please contact: Workforce Solutions Texoma, 903-463-9997 or 1-888-813-1992. Thank you, Date: Signature of Employee	Please mail, fax, or email the completed form to: Workforce Solutions Texoma Attn: Child Care Services 2415 South Austin Ave., Suite 105 Denison, TX 75020 Fax: 903-463-3073 Email: childcare@wfstexoma.org
Employer's Name:	
Street Address:	
City: State: Zip:	Telephone:
TO BE COMPLETED BY THE EMPLOYER	
Employed From:  /  /  Position:     Month/Day/Year  Month/Day/Year  Position:	
Average Number of Hours Scheduled per Week: Current Hourly Wage:	
Pay Frequency: 🗌 Weekly 🔲 Every Two Weeks 🔛 Twice a Month 🗌 Monthly	
Bonuses, Incentives or lump sum payments received? If yes, please explain:	
Typical Work Schedule (i.e., Monday – Friday 8-5:00):	
Name and Title of Employer Representative (PLEASE PRINT)	
Signature of Employer Representative	Date

Workforce Solutions Texoma is an equal opportunity employer/program. Program auxiliary aids and services are available upon request to individuals with disabilities. Individuals with speech and/or hearing impairments may call 711 for assistance.