



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.

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

Thank you,

Date: _____

Signature of Employee

Employer's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

TO BE COMPLETED BY THE EMPLOYER

Employed From: ____/____/____ to ____/____/____ Position: _____
Month/Day/Year Month/Day/Year

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