



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Employment Verification Form

I certify that _____ SS# _____ - _____ - _____ has worked, **at one site**, since ____/____/____.
(CARES applicant Name) (Hire date)

Licensed Child Care Center staff

- Working directly with at least _____ children under 5 years old.
- Working directly with at least _____ children under 13 years old, in CDD/CDE funded center.
- Has worked a minimum of 18 months at the child care center.
- Working a minimum of _____ hours **a week**, at _____

(Center Name and Address)

--OR--

Licensed Family Child Care Home Staff to be completed by Family Childcare Owner.

- Working directly with at least _____ children under 5 years old.
- Has worked a minimum of 18 months at the family child care home.
- Working a minimum of _____ hours a week, for _____

(Licensed Family Child Care Program Name and address)

The AB212 CARES participant, to the best of my knowledge meets the Program requirements.

Print Director/HR rep or Family Child Care Owner signature name

Date

Signature of Director/HR rep. or Family Child Care Owner

(____) _____ ext: _____
Employer Telephone #

For Office Use Only

Date received: _____

Coordinator Initials: _____

Payment Status: Approved Pending Denied Incomplete

Verified By: _____ Date Verified: _____ Unable to Verify _____

NOTES: _____
