



CHILD CARE SERVICES
EMPLOYMENT/INCOME VERIFICATION

FORMS ALTERED WITH LIQUID PAPER ARE NOT ACCEPTABLE

CCS Customer Name: TWIST ID:

EMPLOYEE NAME:

NOTE TO EMPLOYER: 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 is needed. 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.

FRAUD NOTIFICATION: Per Chapter 809 Child Care Rules; a person commits fraud if, to obtain or increase a benefit or other payment, either for the person or another person, the person:

- (1) makes a false statement or representation, knowing it to be false; or
(2) knowingly fails to disclose a material fact.

Signature of Employee Date:

(THE SECTIONS BELOW MUST BE COMPLETED BY EMPLOYER)

Company Name Company Phone #:

Company Address (with city, state, zip)

1. Is (Name of Employee) employed by you? Yes No Date of Hire Date of Termination

2. Rate of Pay PER: hour day week month (circle one) -or- Other:

***Note date this rate became effective - ***

3. How often paid? weekly, bi-weekly, twice monthly, monthly (circle one)

4. Scheduled days of work: Mon Tue Wed Thurs Fri Sat Sun (Circle days worked)

Scheduled hours of work (ex: 8a-5p or 11p-7a)

How many work hours are expected weekly? Is the schedule rotating? Yes No

5. Does employee receive overtime? Yes No if yes, how often?

6. Does employee receive tips, commissions, or bonuses? Yes No if yes, how often?

7. Do paychecks have Federal Income Tax, Social Security Tax & Medicare Tax withheld? Yes No

8. Is this person currently on leave from your company? Yes No

Equal opportunity employer/program
Auxiliary aids and services available upon request to individuals with disabilities
Relay Texas: 1-800-735-2989 (TDD) or 7-1-1 (Voice)



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9. Please verify "actual" income received for the period: ____ / ____ / ____ to ____ / ____ / ____

(WFS staff complete dates in above line)

Using the dated timeframe provided in #9: LIST 13 WEEKS OF PAY HISTORY BELOW, UNLESS NEW EMPLOYMENT.

Pay Period END DATE	Pay Check DATE	Number of hours Worked in Pay Period	GROSS PAY	Did payment contain tips, commission, or bonus?	Amount of Tips and/or Bonuses
1.				Yes ___ No ___	\$
2.				Yes ___ No ___	\$
3.				Yes ___ No ___	\$
4.				Yes ___ No ___	\$
5.				Yes ___ No ___	\$
6.				Yes ___ No ___	\$
7.				Yes ___ No ___	\$
8.				Yes ___ No ___	\$
9.				Yes ___ No ___	\$
10.				Yes ___ No ___	\$
11.				Yes ___ No ___	\$
12.				Yes ___ No ___	\$
13.				Yes ___ No ___	\$

Comments: _____

PRINTED Name of employer representative _____ Title _____

SIGNATURE of employer representative _____ Date _____

PLEASE RETURN COMPLETED 2 PAGE FORM TO CCS

BY FAX: 1-888-977-1693

BY MAIL: WFSET CHILD CARE SERVICES

BY EMAIL: easttexas.ccs.customers@gmail.com

PO BOX 131869 TYLER, TX 75713

This form may be completed by CCS staff if verified by telephone contact indicating who supplied the information and the date the telephone contact was made.

CCS Staff Signature Print Name Date

*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.*

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