

# Child Care Financial Assistance Program Request for Further Verification

TO:

Date: \_\_\_\_\_

To determine your eligibility for child care financial assistance, please send checked items by \_\_\_/\_\_\_/\_\_\_ to:

Contact Information:  
Financial Assistance Eligibility Specialist:

\_\_\_\_\_

Contact Phone: \_\_\_\_\_

Agency Address:

**IMPORTANT: If the requested information is not received, your application/file will be (denied/closed) as of \_\_\_\_\_ and you will receive no further notice. If you have any questions, please call your Financial Assistance Eligibility Specialist at the above number.**

- Verification of gross income:
  - \_\_\_ Two current consecutive pay stubs
  - \_\_\_ Enclosed employment verification form followed by two consecutive pay stubs by \_\_\_\_\_
  - \_\_\_ Current Income Tax forms and proper schedules
  - \_\_\_ TANF Award/Closure letter
  - \_\_\_ Social Security / SSI award letter
  - \_\_\_ Two current unemployment compensation stubs
  - \_\_\_ Enclosed Self-employment information
- Enclosed Work Search Plan
- New Reach-Up Authorization completed electronically by your Reach-Up Case Manager
- Training information
  - \_\_\_ Enclosed Training Plan
  - \_\_\_ Course schedule & Registration/Work Study
  - \_\_\_ Verification of Successful Completion of last Semesters Course(s)
- Name of Licensed, Registered or Legally Exempt Provider: \_\_\_\_\_  
Provider's License #: \_\_\_\_\_
- Adoption: Copy of Adoption Agreement
- Other: \_\_\_\_\_
- Verification of Child Support: (received or paid out for each child)
  - \_\_\_ Court Order
  - \_\_\_ Payment history from Office of Child Support
  - \_\_\_ Detailed letter of explanation if not receiving Child Support (including marital status)
  - \_\_\_ Verification of Legal Separation or Divorce
  - \_\_\_ Verification of Legal Guardianship/Custody
- Verification of special needs (Child) (IEP, IFSP, or letter from a Physician (MD), State Licensed Psychologist or Court record)
- Special Health Needs (Adult) forms signed by a Physician (MD), Nurse Practitioner (NP), Physician Assistant (PA) or State Licensed Psychologist
- Family Support – Plan
- Child(ren)'s Social Security Number(s)
  - Name: \_\_\_\_\_
  - S.S. #: \_\_\_\_\_
  - Name: \_\_\_\_\_
  - S.S. #: \_\_\_\_\_

