Child Care Services Employment/Income Verification

Employee Name: _____   TWIST id: _____

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.

Your cooperation and prompt return of this information is appreciated. For questions, or to complete by phone, please contact: Workforce Solutions for South Texas at 956-794-1500 or email to ccs@southtexasworkforce.org

Thank you,

	Date: _____

Signature of Employee

TO BE COMPLETED BY THE EMPLOYER

Employer's Name: _____

Street Address: _____

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

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

Gross Pay (before deductions) per pay period: $_____   Average # of Hours Scheduled per Week: _____

Pay Frequency: ☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly

Typical Work Schedule (i.e., Monday – Friday 8-5:00):

_____

Overtime Pay Frequency: ☐ Frequently ☐ Rarely ☐ Never   Estimated Monthly Overtime Pay: _____

Does this Employee Receive Tips: ☐ Yes ☐ No   Estimated Monthly Tip Income: _____

Does this Employee Receive Bonuses: ☐ Yes ☐ No   Estimated Monthly Tip Income: _____

Comments:

_____

_____

_____
Name and Title of Employer Representative (PLEASE PRINT)

_____ _____
Signature of Employer Representative   Date

PLEASE RETURN TO:

Workforce Solutions for South Texas

Attn: (Staff name): Child Care Services

BY MAIL: Street Address: 1406 Jacaman Road, Suite A

City: Laredo   State: _TX   Zip: 78041

BY FAX: 956-794-1530

BY EMAIL: ccs@southtexasworkforce.org

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

Workforce Solutions for South Texas Staff Signature	Print Name	Date
Manager/Reviewer Signature	Print Name	Date

Staff Comments:

Workforce Solutions for South Texas is an Equal Opportunity Employer/Program.
Auxiliary aids and services are available upon request to individuals with disabilities. Texas Relay (800) 735 - 2989 | TDD (800) 735 - 2988 Voice
Residency Information Form (01/2019) – Employment/Income Verification Form Page 1 of 1