

## **DEPARTMENT OF EARLY EDUCATION AND CARE EMPLOYMENT VERIFICATION FORM**

The Department of Early Education and Care (EEC) provides financial assistance for early education and care to eligible Massachusetts families. In order to be eligible, families must meet EEC's income guidelines and must demonstrate a service need. Service need is defined as the reason child care is needed. Activities that establish a service need include employment, education, and training.

This form must be completed by the following applicants:

- A newly employed applicant who can not yet provide pay stubs which document his/her income for one month (four weeks within the most recent six week period).
- A self-employed applicant, including independent contractors/contract workers.
- An applicant who is paid in cash, regardless of whether he/she is employed by or working as an independent contractor/contract worker for an individual or business.

The purpose of this form is to verify:

- ✓ an applicant's employment status;
- ✓ the number of hours per week that he/she works; and
- ✓ the amount of income that he/she receives for those hours of work.

This information helps EEC determine whether a parent/guardian is eligible for EEC financial assistance and, if found eligible, the amount of child care that he/she may receive.

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### **INSTRUCTIONS FOR COMPLETING THIS FORM**

***Note:** A person's eligibility for EEC financial assistance cannot be determined unless all sections of this form are completed in their entirety and returned to the Child Care Resource and Referral agency (CCR&R), Community Partnerships for Children program (CPC), or contracted child care provider. It is important that the form be completed and returned in a timely manner.*

#### **Instructions for EEC Financial Assistance Applicant (Parent/Guardian):**

1. Please complete Sections I, II, and III of this form.
2. If you are self-employed and provide services for more than one client, you must also complete *Appendix A: Monthly Work Schedule Worksheet*. After completing these Sections and, if necessary, Appendix A, you should make and retain a copy of this form for your records and then give the form to the person verifying your employment.
  - If you are a new employee of a business or are an existing employee of a business who is paid in cash, you must give this form to your employer to complete Section IV and send to the CCR&R, CPC, or contracted child care provider.
  - If you are an independent contractor/contract worker, you must give this form to the person/business with whom you contract to complete Section IV and send to the CCR&R, CPC, or contracted child care provider.
  - If you are self-employed, you must give this form to **one** of your customers/clients or suppliers to complete Section IV and send to the CCR&R, CPC, or contracted child care provider.
3. The person verifying your employment must complete Section IV and must send this form to the CCR&R, CPC, or contracted child care provider listed on page 6 of this form.

#### **Instructions for Person Verifying Employment:**

Please complete Section IV of this form. Please make and retain a copy of the form for your records and send the original along with any supporting documentation to the CCR&R, CPC, or contracted child care provider listed on page 6 of this form.

**SECTION I: EMPLOYMENT INFORMATION** (To be completed by the EEC financial assistance applicant)

1. Name of Applicant (Parent/Guardian): \_\_\_\_\_

2. Type of Employment

a. Please check the statement that best describes the nature of your employment.

- I am a new employee of the business listed below. *Please complete b and e below and skip c and d.*
- I am an existing employee of the business listed below. *Please complete b and e below and skip c and d.*
- I work as an independent contractor/contract worker for the business listed below. *Please complete b, c, d and e below.*
- I am self-employed. *Please list the name and address of your business, if applicable, below in b, then complete c and d, and skip e.*

b. Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

c. If you are an independent contractor/contract worker or are self-employed, please describe the type of work that you perform or the nature of your business. *For example, I drive a taxi cab.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. If you are an independent contractor/contract worker or are self-employed, do you perform work for or provide services to multiple clients?

- Yes *If you answered yes, you must complete and attach Appendix A: Monthly Work Schedule Worksheet.*
- No

e. If you are an employee or independent contractor/contract worker, are you paid in cash by the business listed above in b?       Yes       No

3. Please list the start date of your employment, the date you began work as an independent contractor/contract worker, or the date you began your self-employment? \_\_\_\_\_

*For example, January 15, 2007.*

4. How many hours per week do you work? \_\_\_\_\_ hours *If your work schedule varies, please list the minimum and maximum hours per week that you may work. For example, between 20-25 hours per week.*

5. How much income, including tips, do you receive per week for these hours of work? \_\_\_\_\_.  
*If your income varies, please list the average amount of income that you receive per week.*

6. What is your work schedule each week? *For example, 8:00 a.m. to 4:00 p.m. on Mondays, Wednesdays, and Fridays.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SECTION II: AUTHORIZATION FOR RELEASE OF INFORMATION**

**(To be completed by the EEC financial assistance applicant)**

I am requesting financial assistance for child care from the Department of Early Education and Care. I authorize:

- The individual listed in Section IV to release information requested on this form about me;
- The individual listed in Section IV to share relating to my employment status, work schedule, and income with the child care resource and referral agency (CCR&R), Community Partnerships for Children program (CPC), child care provider, and/or EEC in order to determine my eligibility for financial assistance; and
- The CCR&R, CPC, child care provider and/or EEC to contact the individual listed in Section IV to verify the information provided on this form.

I understand that my decision to authorize the individual listed in Section IV to share information about my employment status, work schedule, and income with the CCR&R, CPC, child care provider, and/or EEC is voluntary. However, I understand that if I do not authorize the individual listed in Section IV to share this information with the CCR&R, CPC, child care provider, and/or EEC, the CCR&R, CPC, child care provider, and/or EEC will not be able to make a determination about my eligibility for financial assistance for child care.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print**

Parent's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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**SECTION III: CERTIFICATION (To be completed by the EEC financial assistance applicant)**

I certify that the information provided in Sections I and II of this form is, to the best of my knowledge and belief, true and accurate.

I understand that providing false or misleading information in connection with my application for EEC financial assistance, receiving EEC financial assistance as a result of any false or misleading information, and/or failing to report within ten days any change in my work or school schedule, my family size or family income, or any other circumstances that might change my eligibility or fee level may:

- result in the termination of my EEC financial assistance;
- make me ineligible to apply for and/or receive EEC financial assistance for a time period of up to three years;
- result in me having to repay the costs of child care; and/or
- make me subject to a civil fine and possible criminal prosecution.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION IV: VERIFICATION OF EMPLOYMENT BY THIRD PARTY**  
(To be completed by the person verifying the employment of the EEC financial assistance applicant)

1. Please check the box below that best describes your business relationship to the applicant.

- I am the applicant's employer. *If you checked this box, please complete Parts A and C below and skip Part B.*
- The applicant is an independent contractor/contract worker with whom I contract. *If you checked this box, please complete Parts A and C below and skip Part B.*
- I am a customer/client of the applicant. *If you checked this box, please skip Part A below and complete only Parts B and C.*
- I supply goods or services to the applicant as part of his/her business. *If you checked this box, please skip Part A below and complete only Parts B and C.*

2. Please list below the applicant's start date of employment or, if the applicant is an independent contractor/contract worker with whom you contract, please list the date that he/she first began working for you.

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**Part A: To be completed by applicant's employer, or if the applicant is an independent contractor/contract worker, by the person/business who contracts with the applicant.**

A1. Please describe the type of work performed by the EEC financial assistance applicant, the number of hours that he/she works per week, including weekly schedule, and the amount of income that he/she receives for those hours of work. *For example, I employ John/Jane Doe as a contract employee to drive a taxi cab on Mondays, Tuesdays, and Fridays from 8:00 a.m. to 6:00 p.m. John/Jane Doe works 30 hours per week and is paid \$300 per week plus tips.*

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Please provide the following information about your business.

A2. Name of Business: \_\_\_\_\_

A3. Address of Business: \_\_\_\_\_

A4. Business Telephone: \_\_\_\_\_

A5. Nature of Business: \_\_\_\_\_

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A6. Social Security Number: \_\_\_\_\_ **OR** Employer Identification Number (EIN)<sup>1</sup>: \_\_\_\_\_

A7. Corporate Status of Business: (Please check one of the following)

\_\_\_\_ Sole Proprietorship      \_\_\_\_ Partnership      \_\_\_\_ Corporation      \_\_\_\_ S-Corporation

A8. Doing Business As (DBA) Certificate Number: \_\_\_\_\_ (If applicable)

A9. City/Town Where DBA Was Filed: \_\_\_\_\_ (If applicable)

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**PART B: To be completed by a customer/client or supplier verifying the employment of the EEC financial assistance applicant.**

B1. Please check the box below that best describes your business relationship to applicant.

- I am a customer/client of this applicant.
- I supply goods or services to this applicant as part of his/her business.

B2. How long have you been a customer/client/supplier of the applicant?

\_\_\_\_\_

B3. Please describe the type of work performed by the applicant, including the nature of the goods/services provided. *For example, John/Jane Doe has his/her own landscaping business and does landscaping and gardening work.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B4a. If you are a customer/client of the applicant, how often do you purchase goods/services from this individual? *For example, John/Jane Doe takes care of my lawn and garden twice a month during the months of April-November.*

\_\_\_\_\_

\_\_\_\_\_

B4b. If you supply goods or services to the applicant, how often do you supply goods or services to this individual? *For example, I deliver office supplies to John/Jane Doe once a month.*

\_\_\_\_\_

\_\_\_\_\_

B5a. Do you know how many hours per week the applicant works and/or his/her hours of operation?

- Yes
- No

\_\_\_\_\_  
<sup>1</sup> Also known as a Federal Identification Number

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B5b. If you answered yes to question 5a, please list below the weekly work hours and/or hours of operation of the applicant. *For example, John/Jane Doe's restaurant is open 6 days per week from 8:00 a.m. to 6:00 p.m.*

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**Part C: To be completed by all persons verifying employment**

I certify that the information provided in Section IV of this form is, to the best of my knowledge and belief, true and accurate.

Signature of Person Verifying Employment: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print**

Verifier's name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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**Instructions for Person Verifying Employment of EEC financial assistance applicant: Please make a copy of this form for your records and return original verification form and any supporting documentation to:**

**(Enter CCR&R, CPC, or Contracted Provider address below or affix mailing label)**

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**DEPARTMENT OF EARLY EDUCATION AND CARE  
EMPLOYMENT VERIFICATION FORM**

**APPENDIX A: MONTHLY WORK SCHEDULE WORKSHEET**

(To be completed by self-employed persons who provide services for **more** than one client)

Name of Parent/Guardian: \_\_\_\_\_

Month: \_\_\_\_\_

List month and year (e.g., July 2007)

<b>Week</b> (include dates)  (e.g., July 1-7, 2007)	<b>Hours of Work/Operation</b>  (e.g., 8:00 a.m. - 6:00 p.m.)	<b>Total Number of Hours Worked During This Week</b>  (e.g., 50)	<b>Total Number of Clients Served This Week</b>  (e.g., 25)	<b>Name and Telephone Number of One Client Served This Week</b>  (e.g., John Doe (617) 000-0000)
<b>Week #1</b>	M			
	T			
	W			
	Th			
	F			
	Sat.			
	Sun.			
<b>Week #2</b>	M			
	T			
	W			
	Th			
	F			
	Sat.			
	Sun.			

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**APPENDIX A: MONTHLY WORK SCHEDULE WORKSHEET**

(To be completed by self-employed persons who provide services for more than one client)

<b>Week</b> (include dates)  (e.g., July 1-7, 2007)	<b>Hours of Work/Operation</b>  (e.g., 8:00 a.m. - 6:00 p.m.)	<b>Total Number of Hours Worked During This Week</b>  (e.g., 50)	<b>Total Number of Clients Served This Week</b>  (e.g., 25)	<b>Name and Telephone Number of One Client Served This Week</b>  (e.g., John Doe (617) 000-0000)
<b>Week #3</b>	M			
	T			
	W			
	Th			
	F			
	Sat.			
	Sun.			
<b>Week #4</b>	M			
	T			
	W			
	Th			
	F			
	Sat.			
	Sun.			
<b>Monthly Totals</b>	<b>Total: _____ days worked this month</b>	<b>Total: _____ hours worked this month</b>	<b>Total: ____ clients served this month</b>	



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**APPENDIX A: MONTHLY WORK SCHEDULE WORKSHEET**

(To be completed by self-employed persons who provide services for **more** than one client)

**CERTIFICATION**

I certify that the information provided on this form is, to the best of my knowledge and belief, true and accurate.

I understand that providing false or misleading information in connection with my application for EEC financial assistance, receiving EEC financial assistance as a result of any false or misleading information, and/or failing to report within ten days any change in my work or school schedule, my family size or family income, or any other circumstances that might change my eligibility or fee level may:

- result in the termination of my EEC financial assistance;
- make me ineligible to apply for and/or receive EEC financial assistance for a time period of up to three years;
- result in me having to repay the costs of child care; and/or
- make me subject to a civil fine and possible criminal prosecution.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_