



ELIGIBILITY DETERMINATION REQUIREMENT

Date: _____

Name: _____

Address: _____

City, State, Zip Code: _____

- Intake
- Review
- Re-determination
- Follow – Up

This notice is to inform you of your upcoming appointment to determine continued eligibility in the childcare subsidy program as required by the Office of the State Superintendent of Education.

Appointment Date & Time: _____

Place: _____

[] **Verification of employment**

- Three (3) most recent consecutive pay statements (original statement) ___self ___ spouse

An employee who has only self-generated computer pay statements must supply a letter signed by the manager/supervisor that specifies the employee’s hours and salary with employer’s contact information.

- New employment

Applicants that have not worked long enough to receive 3 pay statements: An **Official Employment letter** to verify start date, work schedule (days and times) and hourly rate of pay or annual gross income, and the date of your 1st scheduled pay ; continued child care is conditional upon submission of all (3) pay statements.

- Self employment

Applicants who are self employed must work outside of the home. Must supply the same documents used to report income for tax purposes to Federal and State, tax offices. This includes but is not limited to, license, daily manifests (logs/records) of daily sales, and recent receipts for rentals and/or expenditures for at least 30 days; certified tax information may be required .

[] **Official Letter from Training/School** verifying enrollment and attendance ___ self ___ spouse

Letter should be prepared by an official identifying the student, type of program, program schedule (days and times) and duration (start date and end date). A minimum of twenty (20) hours are required weekly. For applicants in Undergraduate programs, an official school schedule (raised seal on letterhead) and the official tuition statement.

[] **Child Care Referral** _____ [] **Photo ID**

[] **Verification of other income:** (TANF, SSI Child Support, Spouse’s Income, Unemployment, Other Income)

[] **Child Care Provider** _____

[] **Birth Certificates or Legal Guardianship Documentation**

[] **Acceptable Documents of the Child’s Legal Status**

[] **Social Security Card** ___ Self ___ Spouse ___ Children

[] **Verification of Residence:**

- _____ Home telephone, Electric, Gas or Water bill (portion that shows client name, address and mailing date)
- _____ Official rent receipt or letter from rental office
- _____ A notarized letter with original seal signed by the “landlord” or homeowner stating that the applicant and children (include names) live with the writer at the stated address along with two pieces of mail showing name, address and date (envelopes are not accepted)
- _____ Active TANF, Food Stamp or Medicaid benefits
- _____ Other _____

[] **Health Certificate** – A current Health Certificate for child is required; (immunization records alone are not acceptable).

[] **Non-Traditional** – Employment, training, or school schedule is required

[] **Other** _____

Documents to verify employment/income, training/school, relationship and residency must be original and they must be current (within the last 30 days). A minimum of 20 hours of activity per week during the hours that childcare is provided are required. Training, work and school hours can be combined. If any of the checked items do not apply to your situation or you are unable to keep this appointment, please contact the Eligibility Worker listed below. **THIS WILL BE YOUR ONLY NOTICE.** If we do not hear from you, your services will be terminated on _____