

VERIFICATION OF SCHOOL OR TRAINING

Applicant/Co-Applicant Name: _____

In order to determine the eligibility for child care services for the above applicant, please assist by answering the following questions.

THIS SECTION TO BE COMPLETED BY SCHOOL/TRAINING PROGRAM

SCHOOL OR TRAINING PROGRAM

Name of School or Training Program: _____

Address: _____

Phone: _____

Email Address: _____

Presently Enrolled Yes No

Program Start Date: _____

Program End Date: _____

Number of School Hours per Week: _____

Number of credits: _____

The above information was provided by:

Signature

Print Name and Title of Individual Completing the Form

Date

I understand that a failure to provide or a deliberate misrepresentation of required information will result in the denial of my application or termination of my child care benefits.

I understand that in order to verify my school/training and service need, an agency representative may need to contact my school/training program. I hereby authorize my school/training program to release information regarding my school/training hours and schedule to the agency to which I am applying.

Applicant/Co-Applicant Signature: _____ **Date:** _____