Child Placing Agency
VERIFICATION OF EMPLOYMENT FOR CHILD CARE ELIGIBILITY

Employee _____

The above-named individual is a licensed foster parent providing foster care for a child in Kansas Department for Children and Families (DCF) custody. DCF pays for approved child care services for foster children. One part of the approval process **requires** employment verification from the Foster Parent's Employer. Please provide the information requested below.

The above-named individual is employed at: _____

_____

_____

His/her normal work schedule is:

	From	To
Monday	○ AM ○ PM	○ AM ○ PM
Tuesday	○ AM ○ PM	○ AM ○ PM
Wednesday	○ AM ○ PM	○ AM ○ PM
Thursday	○ AM ○ PM	○ AM ○ PM
Friday	○ AM ○ PM	○ AM ○ PM
Saturday	○ AM ○ PM	○ AM ○ PM
Sunday	○ AM ○ PM	○ AM ○ PM

Is overtime expected?
Yes ○ No ○

How many hours of overtime are expected per week?

_____

_____ _____

Signature of Employer Date

Return this form directly to: compliance@dccca.org or _____ (DCCCA Specialist's email)
Or mail to: **DCCCA, Inc, Attn: Erica Schulz**
3312 Clinton Parkway
Lawrence, KS 66047
Any questions please contact: 785-841-4138

Authorization to Release Information:
I hereby authorize my employer to release to DCCCA, Inc. any information needed to establish my eligibility for child care services.

_____ _____

Employee Signature Date