



# 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	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM
Tuesday	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM
Wednesday	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM
Thursday	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM
Friday	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM
Saturday	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM
Sunday	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> 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@dcca.org](mailto:compliance@dcca.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