



WAGE VERIFICATION

I hereby authorize my employer to release the following information to the Illinois Department of Human Services. I understand that this information may be verified by phone. Any fraudulent, false or misleading information given may result in loss of childcare payments and my child care case may be cancelled or denied.

Client Signature _____

Client Case Number _____

Date _____

JOB INFORMATION: TO BE COMPLETED BY YOUR EMPLOYER ONLY.

Employee Name: _____ Start Date: _____

Rate of Hourly Pay: _____ Commission: _____ Tips: _____ (Monthly Average)

Pay Period: Weekly: _____ Bi-Weekly: _____ Twice Per Month: _____ Monthly: _____

Is the employee paid cash? Yes No Employee Job Title: _____

If on leave: Return Date: _____ Type of Leave: _____

WORK SCHEDULE: If your schedule varies, provide an example of your schedule.

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Do these hours vary? _____ If yes, please explain: _____

Employer / Company Name: _____

Employer Address: _____ City: _____

Employer Phone Number: _____

Employer Name Printed _____

Title _____

Employer Signature _____

Date _____

PLEASE RETURN FORM TO:

Illinois Action For Children
1340 South Damen Avenue, 3rd Floor
Chicago, IL 60608

THIS FORM MUST BE COMPLETED BY YOUR EMPLOYER AND RETURNED TO THE ADDRESS AT THE RIGHT WITHIN 10 BUSINESS DAYS.