

Workforce ` LA – Stipend Program For Persons Working in Family Child Care Homes

Name of Applicant: _____ Workforce Registry ID: _____

Employment Verification Form

Please complete only one of the following three sections

A. For applicants (licensee-owner) with Family Child Care Home Education Networks (FCCHEN's)

I certify the applicant is a provider in a licensed family childcare home that is in a FCCHEN administered by:

**Family Child Care Home
Education Network Name**

I certify that the applicant is currently working directly with children at least 15 hours a week. To the best of my knowledge, the applicant meets the eligibility requirements of participation in the Workforce Pathways LA Stipend Program. I understand that the stipend he/she receives is in addition to his/her payments for childcare services, and I certify that his/her payments for services will not be negatively affected by this incentive.

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

Network Coordinator/Administrator's Signature **Date**

OR

B. For applicants who are assistants in licensed family childcare homes that are with a FCCHEN

I certify the applicant is an employee of

Name of Family Child Care Home

The family childcare home is in a Family Child Care Home Education Network administered by

FCCHEN Name

I certify that the applicant is currently working directly with children at least 15 hours a week. To the best of my knowledge, the applicant meets the eligibility requirements of participation in the Workforce Pathways LA Stipend Program. I understand that the stipend he/she receives is in addition to his/her payments for childcare services, and I certify that his/her payments for services will not be negatively affected by this incentive.

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

Family Child Care Licensee-Owner Signature **Date**

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**Workforce Pathways LA – Stipend Program
For Persons Working in Family Child Care Homes (Continued)**

Name of Applicant: _____ Workforce Registry ID: _____

Employment Verification Form

C. For applicants serving low-income children and who are not working in a family childcare home that is part of a FCCHEN

1. Check one only:

- I certify that I am the applicant and the family childcare home licensee-owner of _____
Name of Family Child Care Home
- I certify that the applicant is an employee of my licensed family childcare home _____
Name of Family Child Care Home

2. I certify that the applicant is currently working directly with children at least 15 hours a week. To the best of my knowledge, the applicant meets the eligibility requirements for the Workforce Pathways LA Stipend Program.
3. I certify that the above-named home is serving a **majority of children** paid for by the agency(ies) checked below

I certify that as of the date of application, the enrollment in the family childcare home is _____ **children**, of which _____ **children** are subsidized (**must be 51% or more to qualify for a stipend**). I have uploaded the most current agency provided attendance form for each subsidized child from the following agencies (*check all that apply*):

- Child Care Resource Center (CCRC)
- Children’s Home Society of California (CHS)
- City of Norwalk
- Connections for Children
- Crystal Stairs, Inc.
- Department of Children and Family Services (DCFS)
- Drew Child Development Corporation
- International Institute of Los Angeles
- Mexican American Opportunity Foundation (MAOF)
- Options for Learning
- Pathways
- Pomona USD Child Development

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

Family Child Care Licensee-Owner Signature

Date

