

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

Name of Applicant: _____ Workforce Registry ID: _____

Family Child Care Home Education Network Verification Form 2022-2023
Please complete only one of the following two sections

A. For applicants (<u>licensee-owner</u>) in 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 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>I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.</i>		
Network Coordinator/Administrator's Signature	Telephone Number	Date
Network Coordinator/Administrator's Name (Please print)	E-mail Address	

OR

B. For applicants who are <u>assistants</u> 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 and Phone Number		
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 <i>Workforce Pathways LA Stipend Program</i> . 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>I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.</i>		
Family Child Care Licensee-Owner's Signature	Telephone Number	Date
Family Child Care Licensee-Owner's Name (Please print)	E-mail Address	