

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

Name of Applicant: _____ Workforce Registry ID: _____

Employment Verification Form 2023-2024

For programs serving low-income children and who are not working in a family child care home that is part of a Family Child Care Home Education Network (**FCCHEN**)

Name of Family Child Care Home: _____

Check one only:

- I certify that I am the applicant and the family child care home licensee-owner
- I certify that the applicant is an assistant of my licensed family child care home

I certify that the applicant is currently working directly with children at least 20 hours a week. To the best of my knowledge, the applicant meets the eligibility requirements for Workforce Pathways LA Stipend Program.

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 child care 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**):

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

PLEASE ENSURE AGENCY ATTENDANCE FORMS ARE IN THE SAME MONTH BEFORE UPLOADING TO YOUR PROFILE
(JULY, AUGUST OR SEPTEMBER 2023 ARE ACCEPTED) ****DO NOT UPLOAD DUPLICATE ATTENDANCE SHEETS****

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’s Signature:	Date:
Family Child Care Licensee-Owner’s Name: (Please print)	Facility License Number:
E-mail Address:	Telephone Number:

