

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

Name of Applicant: _____ Workforce Registry ID: _____

Family Child Care Home Facility License Number _____

Family Child Care Home Education Network Verification Form 2024-2025

Please complete only one of the following two sections

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

I certify the applicant is a provider in a licensed family child care 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 they receive is in addition to their payment for childcare services, and I certify that their 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

Telephone Number

Date

Network Coordinator/Administrator's Name (*Please print*)

E-mail Address

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 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 *Workforce Pathways LA Stipend Program*. I understand that the stipend they receive is in addition to their payment for childcare services, and I certify that their 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's Signature:

Telephone Number:

Date:

Family Child Care Licensee-Owner's Name: (*Please print*)

E-mail Address: