

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

Name of Applicant: \_\_\_\_\_ Workforce Registry ID: \_\_\_\_\_

## Employment Verification Form – Cycle 6 for Fiscal Year 2025-2026

*For programs serving low-income children in which the majority (51% or more) of the children receive a child care subsidy from a CDSS/CDE-contracted agency listed below*

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 15 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 sheet for each subsidized child from the following agencies (*check all that apply*):

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

PLEASE ENSURE ATTENDANCE SHEETS ARE IN THE SAME MONTH AND AGENCY'S NAME IS PRINTED  
(JULY, AUGUST, OR SEPTEMBER 2025 IS 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: