

**FUND (CCDF) VOUCHER PROGRAM**  
**WAGE DETAIL FORM** (v5-01--13)

**NOTE: Check stubs or employer's cancelled checks (front and back) must be included with this form for the pay dated listed.**

**APPLICANT / CO-APPLICANT SECTION – To be completed by the employee.**

I hereby authorize and request you provide the Child Care Development Fund information as specified below. This information is necessary to establish my eligibility for childcare assistance. This is without any liability to you whatsoever. You may retain a copy of this authorization for your records.

Employee Signature \_\_\_\_\_ Last 4 of Social Security Number \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

**EMPLOYER SECTION – To be completed by your Employer ONLY**

Please complete the following information for the period of \_\_\_\_\_ to \_\_\_\_\_

Actual Date Paid	Gross Wages Paid	Total Hours Worked	Check Number <i>If cancelled check are provided</i>

Is this individual still employed?  Yes  No If NO, please provide last day worked \_\_\_\_\_

Employer's Name \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please provide your business's EIN number \_\_\_\_\_ and/or attach your business card.

Signature \_\_\_\_\_ Printed Name and Title \_\_\_\_\_

Date completed \_\_\_\_\_ *Note: This form cannot be accepted without the EIN number and/or business card.*

If you have questions regarding this form, please contact  
Children's Bureau, Inc.  
2529 Schuyler Ave  
Lafayette, IN 47905  
765-838-3805  
1-855-228-4024