

CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM
WAGE DETAIL FORM (v5-13)

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

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

I hereby authorize and request you provide the Child Care and Development Fund information as specified below. This information is necessary to establish my eligibility for child care 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 is provided</i>

Is this individual still employed? YES NO *If NO, please provide last day worked: _____*

Employer's Name: _____ Business Phone: (____) _____

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 Avenue, Lafayette, IN 47905
765-838-3805 or 855-228-4024
FAX: 765-838-3816