

**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 \_\_\_\_\_*

<b>Actual Date Paid</b>	<b>Gross Wages Paid</b>	<b>Total Hours Worked</b>	<b>Check Number</b> <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., 3801 N. Temple Avenue, Indianapolis, IN 46204  
317-545-5281  
1-866-287-2420