

SUBSIDIZED CHILD CARE ASSISTANCE (SCCA) REQUEST FOR INFORMATION

This form is for optional use.

Name: _____ County: _____ Date: _____

Case No. _____ Worker: _____

The items listed on this form are needed to determine eligibility for your: Application Recertification

Application/Recertification 30th Day/Due Date: _____

Failure to provide requested information by the 30th day listed above may result in denial of your subsidized child care application or recertification.

Paystubs for the month of: _____

or

Employment verification including rate of pay, average hours worked and pay frequency

Verification of self-employment: Tax Form Year of: _____

or

Self-Employment income/expenses verification (if tax forms not available) for the months of: _____

Verification of child support income received for the months of: _____

Verification of child support paid out for the month of: _____

Verification of other income type: _____ for the month(s) of: _____

School schedule or verification of enrollment for _____ semester

Updated IEP/IFSP/PCP/504 plan for child: _____

Contact your caseworker for an application/recertification interview: _____

Signed Rights & Responsibilities

Other: _____

Comments:

If you have questions or would like to speak to your Subsidized Child Care Assistance worker, please call:

_____ Phone: _____