



CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office
<http://dhss.alaska.gov/dpa/Pages/ccare>

Office Use Only

EMPLOYMENT STATEMENT

Proof of Eligible Activity and Income

Proof of your activities, earnings and wages is required to determine your eligibility for program participation. If you have employment during the two most current months prior to your application submission, you are required to provide the paystubs instead of this form. You can provide this information to your caseworker or your employer can contact your caseworker directly. This form can be used as a way of providing this required information. **This form is not mandatory.** To use this form, fill out the Employee Section and ask your employer to fill out the Employer Section, sign, and fax it to your caseworker. **If your employer does not provide this information, it is ultimately your responsibility to ensure the information is provided to the Child Care Assistance Program timely.** If you fax the information, it is recommended you obtain and retain the fax confirmation verifying the fax was transmitted successfully and received timely.

Employee Section: With my signature, I authorize the employer listed to release information requested on this form to the Child Care Assistance Program.

Employee Name	Employee Signature
Place of Employment	Social Security Number, optional

Employer Section: To be completed by Employer's Human Resource or Payroll Representative. Once completed please fax to the number listed at the bottom of this form.

Employer Representative's Name / Title / Phone Number	Employer Representative's Signature					
Employment Start Date:	Date First Pay Issued:					
Employee's Gross Monthly Wage:	Hourly Rate:					
Employment is: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> On-Call <input type="checkbox"/> Seasonal						
Pay Frequency is: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every Two Weeks (same day of the week) <input type="checkbox"/> Twice a Month (such as the 5 th and the 20 th)						
Note: Every two weeks and twice a month are different. Please be certain of the pay frequency before checking the box.						
Employee's Typical Schedule of work days and times:						
Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Tips \$	Is this earned Monthly	or Weekly	or Other			
Room and Board \$	Is this paid Monthly	or Weekly	or Other			
Commissions \$	Is this earned Monthly	or Weekly	or Yearly			
Bonus \$	Is this earned Monthly	or Weekly	or Yearly			
Other Compensation: \$	Is this earned Monthly	or Weekly	or Yearly			

If Individual is no Longer Employed

Last Date Worked: _____ Date Final Pay Issued: _____ Gross Amount of Final Pay: _____

If only verifying Employee's Work Location

Work location (City/State): _____ Date began at this location: _____

Family ICCIS Case Number: _____

CCAP Caseworker Name: _____

Phone: _____

Fax: _____