



Child Care Services Employment/Income Verification

Employee Name: _____ TWIST ID: _____

Note to Employer: This authorization is a release of information concerning my **NEW** employment with your organization as required below. In order to establish eligibility for child care services, verification of income is needed. Please complete this form as soon as possible as it is required before I, or a member of my family, can be determined eligible for the program as a **result of no paycheck available yet** has been provided or I am **paid in cash**.

Your cooperation and prompt return of this information is appreciated. For questions, or to complete by phone, please contact: Workforce Solutions Borderplex Child Care Services at (915) 500-7665.

Thank you,

Signature of Employee

Employer's Name: _____

Street Address: _____ Telephone: _____ Best time to contact: _____

City: _____ State: _____ Zip: _____

TO BE COMPLETED BY THE EMPLOYER
Please verify income received for the last 3 months.

Employed from: ____/____/____ to ____/____/____ Position: _____
Month Day Year Month Day Year

Gross income (including deductions) for specified period: _____ Method of Payment: ☐ Cash ☐ Check

Pay rate: _____ Average Number of Hours Scheduled per week: _____

Pay frequency: ☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly

Bonus Frequency: ☐ Annually ☐ Quarterly ☐ No Frequency Total: _____ Date received: _____

Typical Work Schedule (i.e., Monday- Friday 8-5:00): _____

Is work schedule variable: ☐ Yes ☐ No

Name and Title of Employer Representative (Please Print) _____

Signature of Employer Representative _____ Date: _____

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.

CCS Staff only

Program Specialist verifying: _____ Spoke to: _____

Date verified: _____ Comments: _____



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Equal Opportunity Employer/ Program. Auxiliary aids and services are available upon request to individuals with disabilities.
Relay Texas: 711(Voice) or 1-800-735-2989 (TTY).