

**REQUEST FOR EARNINGS INFORMATION** (v11-17)  
**Office of Early Childhood and Out of School Learning**  
**Child Care and Development Fund (CCDF) Voucher Program**

**NOTICE OF CONFIDENTIALITY**  
 The information obtained on this form is confidential under federal regulations, including 45 CFR 98.15(b)(13). The information will not be released except as permitted or required by law or with the consent of the applicant/recipient.

Applicant Signature: \_\_\_\_\_ SSN XXX-XX-\_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

To Employer:

The information being requested is necessary to determine eligibility for participation in the Child Care and Development Fund (CCDF) Voucher Program. The Family and Social Services Administration (FSSA) is required by law to verify earned income in the determination of eligibility for this assistance. Your cooperation is needed in providing the information. Thank you in advance for your prompt attention and cooperation.

<b>Employer Information</b>	
Name of Employer:	Employer EIN or Tax ID:
Street Address:	City, State and Zip Code:

<b>Enter the earnings information requested below for each pay period in the months indicated</b>							
Month of:				Month of:			
Date Paid	Gross Amount	Tips, if any	Hours Worked	Date Paid	Gross Amount	Tips, if any	Hours Worked

Date of Hire: \_\_\_\_\_ Is individual still employed? \_\_\_\_\_ If no, last date of employment (MM/DD/YY): \_\_\_\_\_

Signature of individual completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Title of individual completing form: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_