



NEW HIRE VERIFICATION

State Form 52951 (R2 / 1-24)
FAMILY AND SOCIAL SERVICES ADMINISTRATION

INSTRUCTIONS: Form may not be accepted if not entirely complete.

APPLICANT/CO-APPLICANT SECTION – TO BE COMPLETED BY THE EMPLOYEE

I hereby authorize and request that you give the Family and Social Services Administration (FSSA) information as specified below. This information is necessary to establish my eligibility for childcare assistance. This is without any liability to you whatsoever. You may retain a copy of this authorization for your records.

Employee Signature	Social Security Number (Last Four Digits) XXX-XX-	
Employee Printed Name	Date (month, day, year)	Employee Telephone Number

EMPLOYER SECTION – TO BE COMPLETED BY THE EMPLOYER ONLY

Returning from Leave <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list the date leave began (month, day, year):		If yes, list the date leave ended (month, day, year):
If yes, list the reason for leave:		
New Employment <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list the date of hire (month, day, year):		Estimated number of hours to be worked weekly:
Hourly Rate:	Pay Frequency (i.e., weekly, bi-weekly, etc.)	
Shift (if shift varies, specify earliest start time, latest end time, and write varies):		
Place of employment (business name, number and street, city, state, ZIP code):		
Business Telephone Number:		
Employer Signature	Title	Date (month, day, year)