**CHILD CARE and DEVELOPMENT FUND (CCDF) CHILD CARE VOUCHER PROGRAM**
**ALTERNATIVE WAGE DOCUMENTATION REQUEST** (v8-18)

For purposes of CCDF eligibility, an Applicant and/or Co-Applicant must demonstrate a service and financial eligibility. Financial eligibility is determined by calculating total income from all countable sources within the current period. If an Applicant or Co-Applicant is reporting employment as their service need, this must be documented by the receipt of earned income or wages. The following are appropriate sources to verify earned income or wages:

- ✓ Current pay stubs
- ✓ Cancelled check (front and back) **and** a completed CCDF Wage Detail Form
- ✓ A computer generated Wage History Summary provided by the employer
- ✓ Completed State Form 54092 received from the DFR which provides current wage information
- ✓ AEINC screen from a complete TANF Impact referral, regardless of age
- ✓ A statement from The Work Number (an employer verification service), provided your employer participates

If you are unable to provide the documentation listed above, you may submit a written request for consideration of other written documentation. Please complete the form below and return to your local intake office within <u>10 calendar days</u>.

**APPLICANT/CO-APPLICANT SECTION:**

| Date: | CCDF Applicant Name: | Phone: |
|---|---|---|
| Street Address: | City, State, Zip Code: | |

You must attach copies of the following to your request: **DO NOT SEND ORIGINAL DOCUMENTS**
- ☐ A copy of your W2 or IRS form 1099
- ☐ Any other relevant documentation to support your request

COMMENTS:

CCDF Applicant or Co-Applicant (Employee) Signature:　　　　　　　　　Date:

**EMPLOYER SECTION**

| Employer Name: | Phone: |
|---|---|
| Complete Employer Address: | |

| This business is known by the IRS as a: | Comments: |
|---|---|
| _____ Sole Proprietorship – Owner's Name: _____ | |
| _____ Partnership – Partners Names: _____ | |
| _____ Limited Liability Corporation incorporated in State of: _____ | |
| _____ Corporation incorporated in State of: _____ | |
| _____ Not For Profit type: _____ | |

| Employer's Signature: | Printed Name: |
|---|---|

Your request will be reviewed by the Office of Early Childhood and Out of School Learning.
You will be notified within 10 calendar days of receipt of this request.