

State of Illinois
Department of Children and Family Services

Day Care Services Eligibility - Verification of Employment Form

I hereby authorize my employer to release the below information to the Illinois Department of Children and Family Services (IDCFS) for the purpose of verifying my current employment.

Applicant Name

Last 4 Digits of Social Security Number

Applicant Signature

Date

Number of hours per day of day care needed in a scheduled work week: _____

CURRENT EMPLOYER
Please complete section below

Name of Employee: _____

Hours employed each day:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Employer: _____

Address: _____

Phone: _____

Completed by (please print name)

Signature of person completing form

Date completed

Title/Position

Direct Phone Number