State of Illinois
Department of Human Services - Bureau of Child Care and Development

WAGE VERIFICATION

Client Name & Address: ________________________________
__________________________________________________
__________________________________________________

I hereby authorize my employer to release the following information to the Illinois Department of Human Services. I understand that this information may be verified by phone. Any fraudulent, false or misleading information given may result in loss of childcare payments and my child care case may be cancelled or denied.

__________________________________________________
Client Signature
__________________________________________________

Client Case Number ___________________________ Date ________

__________________________________________________________________________

JOB INFORMATION: TO BE COMPLETED BY YOUR EMPLOYER ONLY.

Employee Name: ____________________ Start Date: __________
Rate of Hourly Pay: ____________________ Commission: __________ Tips: __________ (Monthly Average)
Pay Period: Weekly: □ Bi-Weekly: □ Twice Per Month: □ Monthly: □
Pay Period:

Is the employee paid cash? □ Yes □ NO Employee Job Title: ________________________________
If on leave: □ Return Date: __________ □ Type of Leave: ________________________________

WORK SCHEDULE: If your schedule varies, provide an example of your schedule.

<table>
<thead>
<tr>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FROM

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TO

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do these hours vary? □ Yes □ No If yes, please explain: ________________________________

Employer / Company Name: ________________________________

Employer Address: ________________________________ City: ________________________________

Employer Phone Number: ________________________________

Employer Name Printed ________________________________ Title: ________________________________

Employer Signature: ________________________________ Date: ________________________________

THIS FORM MUST BE COMPLETED BY YOUR EMPLOYER AND RETURNED TO THE ADDRESS AT THE RIGHT WITHIN 10 BUSINESS DAYS.

PLEASE RETURN FORM TO:
Child Care Resource Service Ccap
905 S Goodwin 314 Bevier Hall
Urbana, IL 61801