

Income Eligibility/Release of Information

**This form must be completed by your employer before you submit it as verification of your income. If this form is incomplete it will be returned to you and it will delay the processing of your application.*

TO BE COMPLETED BY EMPLOYEE

Name: _____

Address: _____

Phone: _____

Employer,
 I, the undersigned, hereby authorize the information requested to be given to
 NOCAC.

Employee (Print Name) _____

Employee Signature _____

Social Security Number _____

TO BE COMPLETED BY EMPLOYER

Employer: _____

Address: _____

Phone: _____

Date Hired: _____ Return Date: _____ Date Ended: _____

Rate of Pay: _____

Average Number of Hours Per Week: _____

Shift: 1st Time In _____ Time Out _____

 2nd Time In _____ Time Out _____

 3rd Time In _____ Time Out _____

Circle Pay Frequency: Weekly Bi-Weekly Bi-Monthly Monthly

Employer (Print Name) _____

Employer Signature _____

Title: _____ Date: _____

Phone: _____

If you have any questions about this form or the information being requested,
 call Jill McGee, Child Care Specialist Publicly Fund Child Care, at 419-784-
 2150 ext. 1131, or e-mail at jill.mcgee@jfs.ohio.gov.