



Employment/ Income Verification

SECTION 1: PARENT AUTHORIZATION (This section to be filled out by the parent):

I, _____, hereby authorize my employer (or contractor) listed below, to provide Children's Home Society of California (CHS) with the information requested in Section 2 on this form.

Parent's Signature

Date

Name of Employer/Contractor: _____

Employer/Contractor's Usual Days and Hours of Operation: _____

Phone Number of Employer/Contractor: _____ Fax Number: _____

Address of Employer/Contractor: _____

Street Address

City

State

Zip Code

Email of Employer/Contractor (optional): _____

PARENT: After completing Section 1 above, return this form to CHS. DO NOT forward this document to your employer or complete Section 2. CHS will contact your employer directly to request the information below.

SECTION 2: EMPLOYER VERIFICATION (This section must be completed by the employer or contractor):

Employer: Please verify the information in Section 1, above, and make any corrections if necessary. In addition, please provide the information below. Thank you for assistance with providing this information.

The individual indicated above is: Employed as a (Position Held): _____

A contractor/consultant

Self-employed and provides services including (Describe services rendered below): _____

Employment/Contract Start Date: _____ Rate of Pay: \$_____ per: hour / day / week / month

How often paid: Weekly Every two weeks Twice a month Monthly Commission Only Per Diem

Method of Payment: Cash Check Does employee receive: Tips Commission Overtime Pay Bonus

Does employee work overtime hours? No Yes If Yes, specify hours/days per week _____

Does employee have an unpaid lunch break? No Yes If Yes, specify minutes per day _____

WORK SCHEDULE: Complete *either* the "Scheduled" *or* "Variable" work schedule below.

Scheduled Days and Hours Worked (complete this section only if the parent has fixed days and hours of work):

SUN:	MON:	TUE:	WED:	THU:	FRI:	SAT:
From: _____	From: _____	From: _____	From: _____	From: _____	From: _____	From: _____
To: _____	To: _____	To: _____	To: _____	To: _____	To: _____	To: _____

-OR- Work Week Cycle - Variable Schedule (complete this section only if the parent's work days and hours change):

Number of Hours per Week Minimum: _____ Maximum: _____

Check any days work may be scheduled (include overtime): Sun Mon Tue Wed Thu Fri Sat

Verification from Employer: By signing below, I declare under penalty of perjury this information is true and correct according to our employee records, and that I am the authorized party to give this information on behalf of my employer/company.

Supervisor Name: _____ Title/Position: _____ Telephone: _____

Signature of Supervisor: _____ Date: _____

FOR CHS OFFICE USE ONLY:

Verified By: _____/_____/_____ Date: _____/_____/_____ Verified With: _____/_____/_____ Position: _____/_____/_____

Rev 2/1/2022

Notes: _____

Primary Parent Secondary Parent Other:

Staff Initials: _____