



EMPLOYERS: Your employee is applying for Child Development Services with the Neighborhood House Association and needs your verification of salary and days/hours worked. Please complete this form and fax/mail it back to the address below.

Intake Form 8

EMPLOYMENT AND INCOME VERIFICATION

Print Child's Name: First _____ Last _____

Print Parent's Name: First _____ Last _____

Name of Business: _____ Contact Person: _____

Address: _____ City: _____

Zip Code: _____ Telephone: () _____ FAX: () _____

I grant Neighborhood House Association authorization to contact my employer for verification of information provided on this form:

Yes No If "No" State Reason: _____

Parent Signature _____
Date

EMPLOYER MUST COMPLETE THE SECTION BELOW

Site: _____
Site Name Address Fax # Phone#

EMPLOYERS: PLEASE FAX OR MAIL THE COMPLETED FORM BACK ATTENTION _____

WEEKLY SCHEDULE

Monday	Tuesday	Wednesday	Thursday	Friday
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:

Rate of Pay: _____ Hourly Daily Weekly Monthly

Frequency of Pay: 1x a month Every 2 weeks Semi-Monthly Weekly/daily

I certify that the information regarding hours of employment and income is correct:

Print Name of Employer _____
Full Signature

() _____
Work phone _____
Title

Normal Business Hours _____ Date: ____ / ____ / ____

Office Use Only: If form is not mailed/faxed by employer, staff must call to verify information	
Date of Phone Verification:	Comments:
Print Staff Name:	Signature:
Date of Phone Verification:	Comments:
Print Staff Name:	Signature:
Staff must verify employment prior to child's enrollment	