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Rivers East WORKFORCE DEVELOPMENT BOARD



## Department of Social Services (DSS) Childcare Verification Form

Dear DSS staff member, \_\_\_\_\_, SSN XXX-XX-\_\_\_\_\_ has requested childcare through the WIOA program. Before these services can be provided through the WIOA program, we must verify other sources of assistance. Please contact \_\_\_\_\_ at \_\_\_\_\_ if you have any questions.

Name(s) of Child(ren): \_\_\_\_\_

*I hereby give \_\_\_\_\_ County Department of Social Services permission to release any information concerning my assistance records to Mid-East Commission (or its program operator) to be used in operation of the Workforce Innovation and Opportunity Act Programs.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To be completed by DSS staff*

Has this individual applied for childcare services through DSS?  Yes  No

Receiving	Client Fee	Waiting List Number	Not Eligible

Name of Childcare Center: \_\_\_\_\_

DSS Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_