

Child Care Counts: Stabilization Payment Program

Employment and Wage Verification for Family Providers

Current Count Week: _____

Name: _____

Position Title: _____

Facility Name: _____

Hours of Operation _____

Average Hours Worked Per-Week: _____

Status: (please identify one)

Full Time (+21 hours or more per week)

Part-Time (20 hours or less per week)

Total Tuition Amount from Count Week: \$_____

Signature: _____

Date: _____