

# Office of Economic and Workforce Development Workforce Development Division



## CHILD CARE ELIGIBILITY AND AUTHORIZATION RECORD

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 Training Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

The above named participant qualifies for child care support services for a period to begin \_\_\_\_\_ and end \_\_\_\_\_ because participant is:

- "economically disadvantaged" or  "dislocated worker", **AND**
- a single parent with \_\_\_  child(ren) under thirteen (13) years of age; or
- has a spouse attending \_\_\_\_\_ (training facility) for \_\_\_ days a week from: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM; or
- other: \_\_\_\_\_

and there is no other child care available, and (s)he is unable to take part in a training program without such financial assistance.

Children's Name(s)	Date of Birth (mm/dd/yyyy)	Children's Name(s)	Date of Birth (mm/dd/yyyy)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As a participant of a subsidized program, I certify that:

- I have in my household the children listed above, and that no other member of the household, nor other member of the family without pay, is available to care for the children during the hours of my proposed training program;
- Without such assistance, I would be unable to take part in the training offered; and
- I do not receive any other financial assistance for this purpose.

In choosing a child care provider for my children, I absolve the Office of Economic and Workforce Development (OEWD) from all liabilities which may arise as a result from injuries to my children receiving child care.

\_\_\_\_\_  
Participant's Signature and Date

\_\_\_\_\_  
Authorized Representative Signature and Date

\_\_\_\_\_  
Approved by Authorized OEWD Staff

\_\_\_\_\_  
Print Name, Title and Agency