

Day Care Case Review Form

Due to funding issues the Division of Child Development has encouraged counties to conduct reviews of all families receiving day care assistance. Please complete this form and return it to your worker by _____ along with any necessary verifications. **If you do not return this form by the date above your case will terminate.** Please call if you have any questions. Thank you for your cooperation.

Worker: _____ Phone: **695-5721** Fax: **695-5691**

Please list **everyone who lives in your home—including yourself—and their relationship to you:**
 Name Relationship (child, spouse, parent, etc)

Your Name:	Self
1	
2	
3	
4	
5	
6	

Please list phone numbers: Home: _____ Cell: _____ Work: _____

Please list your address: _____

Are you receiving Child Support at this time for any of your children? _____yes _____no
 Are you receiving any other type of income? ex. Unemployment, SSA, SSI, etc.... _____yes _____no
 If yes, what kind? _____

Please attach your last 4 check stubs OR have your **employer complete** this section of the form: If applicable, also provide wage verification for your spouse.

Please list the actual gross wages paid to this employee for the last four pay periods. List pay dates and gross pay for each period. Please include 4 pay periods no matter how often you get paid.

Date Pay Received	Number of Hours Worked	Gross Pay (including tips)

Signature/Title of Person Completing Form

Date

Company Name

Telephone Number

Fax Number