



REQUEST FOR CASH EARNINGS INFORMATION

State Form 57233 (3-23)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
Office of Early Childhood and Out of School Learning
Child Care and Development Fund (CCDF) or
On My Way Pre-K Voucher Program

NOTICE OF CONFIDENTIALITY

The information obtained on this form is confidential under federal regulations, including 45 CFR 98.15(b)(13). The information will not be released except as permitted or required by law or with the consent of the applicant/recipient.

Applicant Signature: _____

Printed Name: _____ Date: _____

To Employer:

The information being requested is necessary to determine eligibility for participation in the Child Care and Development Fund (CCDF) or On My Way Pre-K Voucher Program. The Family and Social Services Administration (FSSA) is required by law to verify earned income in the determination of eligibility for this assistance.

Your cooperation is needed in providing the information. Thank you in advance for your prompt attention and cooperation.

Employer Information

Name of Employer	
Street Address	City, State and ZIP Code

Enter the earnings information requested below for each pay period in the months indicated

Month of:				Month of:			
Date Paid	Gross Amount	Tips, if any	Hours Worked	Date Paid	Gross Amount	Tips, if any	Hours Worked

Date of Hire: ____ / ____ / ____ Is Employee Still Employed? Yes No If no, last date of employment: ____ / ____ / ____

Signature of individual completing form: _____ Date: _____

Title of individual completing form: _____ Telephone: () _____