

Vocational/Educational Training Verification

Date: _____

To whom it may concern: _____

The individual named below is a student at your institution and has applied for subsidized childcare services. To determine eligibility for such services, we must document this student's attendance at your program. Complete all the information below and return this form to the student. The student's signature is necessary to authorize your release of this information.

To be completed by the Student

Name: _____

Street Address: _____ Apt.: _____ City: _____ State: _____ Zip: _____

Email: _____

If you are pursuing an associate degree, please identify your vocational goal: _____

My signature certifies that I approve release of the information requested to complete this form.

Signature of Student: _____ Date: _____

To be completed by the Institution

Institution Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Course/ Training Information

Is student pursuing a degree? Yes No

If "Yes" what type of degree? Associate Bachelor (Only Associates and Bachelors are eligible)

Enrollment Start Date: _____ Projected Final Completion Date: _____

Is the student enrolled full time? Yes No

If student is not pursuing a degree, please check any of the following boxes that describe the program:

High school curriculum offered/approved by local school district OR GED Training program conducted by an institution licensed/approved by NYSED (other than college or university)

Remedial education Occupational goal (must indicate if checked box above for training program): _____

Prevocational skills training ESL

Demonstration project approved by DoL Literacy training

Non-degree program Enrollment Start Date: _____

Non-degree program Final Completion Date: _____

Student's daily attendance schedule

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Total hours
from	to	from	to	from	to	from	to	from	to	from	to	from	to	

The student must notify ACS of any schedule changes any other circumstances related to eligibility for childcare services.

Preparer's Name: _____ Title: _____

Phone: _____ Email: _____

Preparer's Signature: _____ Date: _____

By typing in your name above it will serve as your signature.

Official Institution Stamp