



KVC Kansas Verification of Employment For Daycare Eligibility

Employee: _____

The above named individual is a licensed foster parent providing foster care for a child in State SRS custody. KVC Kansas, a contractor with SRS, has agreed to pay for approved daycare services for the foster child in his/her home. To do so, we need verification of his/her employment with you. Please provide the information requested below:

The above named individual is employed at:

Name _____

Address _____

City, St _____

Phone # _____

Hire Date _____

His/her normal work schedule is:

Monday _____ AM/PM to _____ AM/PM **OT Required**

Tuesday _____ AM/PM to _____ AM/PM Yes or No

Wednesday _____ AM/PM to _____ AM/PM

Thursday _____ AM/PM to _____ AM/PM **# of OT Hours**

Friday _____ AM/PM to _____ AM/PM **Expected per wk**

Saturday _____ AM/PM to _____ AM/PM _____

Sunday _____ AM/PM to _____ AM/PM

Signature of Employer/Title

Date

Return directly to: **Accounting Services**
KVC Behavioral Healthcare
21350 W 153rd Street
Olathe, KS 66061
913-322-4900

Authorization to Release Information:

I hereby authorize my employer to release to KVC Kansas any information needed to establish my eligibility for daycare services.

Employee Signature

Date



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