Child Care Counts: Stabilization Payment Program

Employment and Wage Verification for Family Providers

Current Count Week: ______

Name: ______

Position Title: ______

Facility Name: ______

Hours of Operation ______

Average Hours Worked Per-Week: ______

Status: (please identify one)

___ Full Time (+21 hours or more per week)
___ Part-Time (20 hours or less per week)

Total Tuition Amount from Count Week: $_____

Signature: __________________________________________ Date: ______