



Child Care Payment Program: Wage Verification Form

The following individual is an applicant for the Child Care Payment Program. By executing this form, the employee releases the wage and employment information to MDHS, and holds harmless the employer from any liability for any damage resulting from disclosure of this information.

Date: _____

Type of Job: _____

Date Hired/Start of Business, if Self Employed: _____ Start Date: _____

Employee Name (Print): _____

Employee Signature: _____

Section A: Employee Type:

Select the type that applies to the above listed individual's employment status.

- NEWLY HIRED EMPLOYEE: Has been employed for less than 30 days.
Anticipated Work Hours: _____
- ONGOING EMPLOYEE: Has received payment for at least 30 days of employment.
Work Hours: _____
- NEWLY SELF EMPLOYED: Business is less than 12 months old. Must also submit a copy of the business license and complete Section B & C.
- SELF EMPLOYED ONGOING: Business has filed at least one Federal Income Tax Return. Must also submit the most recent Schedule C Form OR a 1040 Federal Tax Form.
- Medical Leave:
Anticipated Work Hours: _____
Begin Date: _____ Return Date: _____

Employers can submit the form on the employee's behalf by faxing it to (601) 359-4422.

Section B: Wage information

Wage Calculation: Hourly Rate of Pay: _____ per hour
 Weekly
 Monthly

Method of Payment:

Cash Direct Deposit Company Check Personal Check*

***Personal Check(s) must be cleared by the bank and applicant must provide front and back of cleared check(s): If paid monthly One (1), Two (2) if paid bi-monthly-Four (4) if paid weekly.**

Pay Frequency:

Daily Weekly Two Times a Month Every Two Weeks Monthly

Is the employee eligible for any of the following? (Check all that apply)

Tips Bonuses Commission Overtime Other pay above regular earnings

Section C: Wage Verification

This section should be completed by the employer. If paid weekly, fill out rows 1-4 below. If paid twice a month or every two weeks, fill out rows 1-2 below. If paid monthly, fill out row 1 below. If paid daily, fill out rows 1-4 and attach an additional page to reflect a month's worth of payment.

Date: Pay Period Ended	Date: Employee Received Payment	Actual Hours Worked	Gross Pay	Other Pay Type (tips, commission, etc.)	Other: Pay Amount

Section D: Submission

Signature of Person Completing the Form _____

Title _____

Name of Business: _____

Contact Number _____

Address _____

City _____

State _____

Zip _____