



WAGE DETAIL

State Form 57100 (R2 / 12-22)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM

This form cannot be accepted without the Employer Identification Number (EIN) and/or business card. A cancelled check must be provided with this form

APPLICANT / CO-APPLICANT SECTION – To be completed by the employee.

I hereby authorize and request you provide the Child Care and Development Fund information as specified below. This information is necessary to establish my eligibility for childcare assistance. This is without any liability to you whatsoever. You may retain a copy of this authorization for your records.

Signature of employee		Date (month, day, year)	
Printed name of employee	Last four digits of Social Security number	Telephone number ()	

EMPLOYER SECTION – To be completed by the employer ONLY.

Please provide the following information for the employee's most recent pay date.

Frequency of pay <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Actual Date Paid (month, day, year)	Gross Wages Paid	Total Hours Worked	Check Number of cancelled check provided
Is this individual still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, last day worked (month, day, year)		
Name of employer				
Address of employer (number and street, city, state, and ZIP code)				
Business telephone number ()	Employer Identification Number (EIN)		You may also attach your business card.	
Signature of employer			Date completed (month, day, year)	
Printed name		Title		