



# 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 child care services. To determine eligibility for such services, it is necessary to document his/her attendance at your program. Complete all the information detailed below and return this form to the trainee/student. Please note that the trainee's/student's signature is requested below to authorize your release of this information.

## To be completed by the Trainee/Student

Name:

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

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

**This is to certify that I approve release of the information requested to complete this form.**

Signature of Trainee/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 Enrollment Start Date:

For Associate Degree only: Is the student enrolled full time? Yes No

Projected Final Completion Date (must be within 30 consecutive calendar months of enrollment start date):

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
- GED
- Remedial education
- Literacy training
- ESL
- Training program conducted by an institution licensed/ approved by NYSED (other than college or university)
- Occupational goal (must indicate if checked box above for training program):
- Prevocational skills training
- Demonstration project approved by DoL

## Student's daily attendance schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
From								<b>Total Hours</b>
To								

It is the responsibility of the student to notify ACS of any changes to their schedule or any other circumstances related to their eligibility for child care services.

Preparer's Name: Title:

Phone: Email:

Preparer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

