



1101 S. 13th Street, 2nd Floor
 Terre Haute, IN 47802
 812-232-3952 or
 Toll free: 800-886-3952
 Fax: 812-232-1731

Community Alliance and Services for Young Children, Inc

Date: _____

Dear Employer:

_____ (parent name) is applying for child care assistance. To verify this parent's wages we need the following information completed and signed.

Thank you,
 CASY Voucher Intake Department

_____ Bi-weekly – Need last two check dates
 _____ Weekly – Need last four check dates

Check Dates		Gross Amount		Total # of Hours Worked

_____ Employee Begin Date

_____ Employer Name (Please Print)

_____ Employee Shift

_____ Employer Signature & Title

(_____) Business Phone Number

_____ EIN #

_____ Legal Business Name

_____ Address

_____ City, State

Please Check one:
 ___ Pay Stubs were lost by the employee.
 ___ Employer does not provide pay stub information. **Please state why:**

