



### Vocational/Educational Training Verification

To whom it may concern: \_\_\_\_\_ Date: \_\_\_\_\_

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

If student is not pursuing a degree, please check any of the following boxes that describe the program:

- |  |   |
|--|---|
| <input type="checkbox"/> High School Curriculum offered/approved by Local school District GED<br><input type="checkbox"/> Remedial Education<br><input type="checkbox"/> Literacy Training<br><input type="checkbox"/> ESL | <input type="checkbox"/> Training program conducted by an institution licensed/approved by New York State Education Department (other than college or university)<br><input type="checkbox"/> Occupational goal (must indicate if checked box above for training program):<br><input type="checkbox"/> Pre-vocational skills training<br><input type="checkbox"/> Demonstration project approved by Department of Labor |
|--|---|

**Students Daily Attendance Schedule:**

Times	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours per week
From								
To								

It is the responsibility of the student to notify DOE 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: \_\_\_\_\_

