

Student Enrollment and Unpaid Work Verification

TO THE INDIVIDUAL: In order to receive child care assistance while attending a school/work activity, this form must be completed by a school official and returned to a DCBS office or mailed or faxed to the address below:

If this form or similar verification is not returned, CCAP benefits will not be authorized to cover child care needs while attending a school/work activity

Return to: DCBS: P.O. Box 2104, Frankfort, KY 40602 or Fax: (502) 573-2007

TO SCHOOL/WORK OFFICIAL: Please certify the enrollment of _____ by completing the items below.

School Type: ☐ High School ☐ Voc./Tech. School ☐ College/University ☐ Other, please specify _____

Is the individual currently enrolled? ☐ Yes ☐ No. If "No", termination date _____.

Enrollment Type ☐ Part-time ☐ Full-time

Current Enrollment Period: _____ to _____.

Unpaid Work Activity: (This activity counts toward CCAP work participation hours)

Is the individual participating in any of the following activities? ☐ Yes ☐ No. If yes, please identify which activity.

☐ Student Teaching ☐ Practicum ☐ Clinical ☐ Internship ☐ UIB Activity

How many hours per week is the individual scheduled to participate in the above activity? _____

Is the individual paid? ☐ Yes ☐ No

School Name _____

Address _____

Phone Number _____

School Official Printed
Name _____

Title _____ School Official

Signature _____ Date _____