

## 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 childcare services. To determine eligibility for such services, we must document this student's attendance at your program. Complete all the information below and return this form to the student. The student's signature is necessary to authorize your release of this information.

### To be completed by the Student

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

My signature certifies that I approve release of the information requested to complete this form.

Signature of 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 (Only Associates and Bachelors are eligible)

Enrollment Start Date: \_\_\_\_\_

Projected Final Completion Date: \_\_\_\_\_

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:

☐ High school curriculum offered/approved by local school district OR GED

☐ Training program conducted by an institution licensed/approved by NYSED (other than college or university)

☐ Remedial education

Occupational goal (must indicate if checked box above for training program): \_\_\_\_\_

☐ Prevocational skills training

☐ ESL

☐ Demonstration project approved by DoL

☐ Literacy training

Non-degree program Enrollment Start Date: \_\_\_\_\_

Non-degree program Final Completion Date: \_\_\_\_\_

### Student's daily attendance schedule

| Sunday |       | Monday |       | Tuesday |       | Wednesday |       | Thursday |       | Friday |       | Saturday |       | Total hours |
|--------|-------|--------|-------|---------|-------|-----------|-------|----------|-------|--------|-------|----------|-------|-------------|
| from   | to    | from   | to    | from    | to    | from      | to    | from     | to    | from   | to    | from     | to    |             |
| 00:00  | 00:00 | 00:00  | 00:00 | 00:00   | 00:00 | 00:00     | 00:00 | 00:00    | 00:00 | 00:00  | 00:00 | 00:00    | 00:00 |             |

The student must notify ACS of any schedule changes any other circumstances related to eligibility for childcare services.

Preparer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

By typing in your name above it will serve as your signature.

Official Institution Stamp