LOUISIANA PATHWAYS
Child Care Career Development System

Family Child Care Provider Employment Verification Form
(Must be completed by provider)

This is to verify _____,
(Print Family Child Care Provider Name)

Birth date: ____/____/____, Social Security No: __ __ __ - __ __ - __ __ __ __ has worked at/attended
(Full Birthday and Social Security number is required for participation in this program)

Facility Name & License # (if any): _____

Mailing Address:	Physical Address (if different from mail):

Begin Date: _____/_____/____ End Date (if any): _____/_____/____

_____ _____
(Print Provider Name) (Provider Signature)

Contact phone: (_____) _____ - _____ _____/_____/_____
(Date Signed)

Instructions

Please attach copies of any documents verifying the validity of this claim (State Fire Marshal reports, annual home provider registrations, subsidy forms, etc.)

Your private information is not shared outside the Department of Children & Family Services and its affiliates. This form is required from all LA Pathways members.

Return to:
Louisiana Pathways
Attention: Career Development
1800 Warrington Place
Shreveport, LA 71101-4425
(800) 245-8925

DO NOT FAX THIS DOCUMENT
Original signature is required
Please do not use black ink