## Los Angeles County Department of Mental Health Stipend Program MFT Employment Verification Form

This Employment Verification Form is to be completed by the employer and submitted to: MFT Stipend Program, Phillips Graduate Institute, c/o Jose Luis Flores, M.A., 19900 Plummer Street, Chatsworth, CA 91311. The first page of the form is to be completed at initial hire, and the second page at the completion of 12 months full time employment. Only forms with original signatures are accepted.

## Employee Information

Full Name:
$\square$
Address:

| Street Address |  | Apartment/Unit \# |
| :--- | :--- | :--- | :--- |
| City | State | ZIP Code |

Home Phone: ( ) Alternate Phone: ( )

E-mail Address:
Birth Date: $\qquad$ Social Security Number:

I understand I can be penalized by law, and will be required to repay the educational stipend awarded if I misrepresent or purposely give false information on this form.

Employee Signature: $\qquad$ Date:

## Employment Information - Initial Hire Date

What position does this employee hold?
Number of hours per week the employee works?
What is the start date of continuous employment for this employee? $\qquad$
Does employee have bilingual capacity? $\qquad$
Name of Agency/Program:
Is this position within
Specialized Foster Care, or MHSA Funded? Please explain. $\qquad$
Service Area (SPA) where employee provided care:
Does employee provide
in the field services?

Name of Authorized Agency
Representative: $\qquad$ Title:

Business phone \#: $\qquad$ Email Address: $\qquad$
I certify that the information I have given on this form is true and correct. I understand that purposefully providing false information on this form may lead to legal penalty and the forfeiture of stipend financial aid for the employee.

Signature:
Date:
DO NOT COMPLETE THIS SECTION - For MFT Stipend Program/Phillips Graduate Institute use only.

Verified by: $\qquad$ Date:

## Los Angeles County Department of Mental Health Stipend Program MFT Employment Completion Form

## Employment Information - 12 Months Completed Employment



Signature: $\qquad$ Date: $\qquad$

## DO NOT COMPLETE THIS SECTION - For MFT Stipend Program/Phillips Graduate Institute use only.

Verified by: $\qquad$ Date:

The information requested on this form is required for completion of the LAC DMH Stipend Contract Obligation and Employment Payback.

Please mail the form with original signatures to:

Jose Luis Flores, M.A.<br>MFT Stipend Program<br>Phillips Graduate Institute<br>19900 Plummer Street<br>Chatsworth, CA 91311

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