



JVS/BSF CHILD CARE ASSISTANCE
 430 FIRST AVE. NORTH
 SUITE 620
 MINNEAPOLIS, MN 55401
 phone 612-692-8920
 fax 612-692-8921
 e-mail jvs@jvsmn.org
 web www.jvsmn.org

Edu-School Verification

SCHOOL VERIFICATION

Applicant Name: _____ Case Number: _____
 Case Manager: _____ Date: _____

EMPLOYEE'S AUTHORIZATION TO RELEASE INFORMATION:

I hereby grant permission to _____
 (Name of School)
 to release the information requested below to JVS. This information may be shared among various departments with Hennepin County and with contracted Employment Service Providers as it relates to my total eligibility for aid from JVS. This authorization expires one year from my signature date.

Signature of Applicant	Birth Date	Social Security Number	Date
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FOR COMPLETION BY SCHOOL COUNSELOR:

The information requested below is needed to determine the applicant's eligibility for child care services. PLEASE PROVIDE THE INFORMATION REQUESTED. Thank you for your cooperation.

1. When did the above individual start attending your school (or resume attendance if there was a gap or attendance break)?	_____	_____	_____
	Month	Day	Year
2. Anticipated training graduation date:	_____	_____	_____
	Month	Day	Year
3. What is the individual's degree or training certificate for:	_____		
4. Is this individual's training in a graduate school program?	_____		

5. What specific hours each day is this individual actually in school?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM						
PM						

For High School/GED/ESL/ABE programs only:

6. Has individual's attendance and progress been satisfactory according to school policies? _____ Yes _____ No

I certify that this information is true and correct to the best of my knowledge and that I have the authority to make such verifications on behalf of this organization.

Signature of Person Completing this Form _____ Date _____

Your Printed Name _____ Title _____ Phone _____