



Verification of Employment Termination

The following information is necessary to determine eligibility for Child Care Assistance.

Client Section

Name: _____ Social Security Number: _____ - _____ - _____

CCAP Worker: _____ Date: _____

Employer Section: ****TO BE COMPLETED BY EMPLOYER****

The above person has indicated that s/he was employed with your business. Please complete the following information and return to the employee or directly to Denver Human Services by mail, fax, or email (denverccap@denvergov.org).

Name of Business: _____

Business Address: _____

Last Day of Employment: _____ Last Check Date: _____

I confirm that the above information is complete and accurate.

Print Name

Title

Phone number

Signature

Date