



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

Original signature is required.
Please use colored ink and mail or email.

Family Child Care (FCC) Provider name (please print): _____

Birth date: ___/___/___ Social Security No: ___ - ___ - _____
(Full Birthday and Social Security number are required for participation)

Provider Registration # (5 digit # issued by licensing): _____

- To be eligible for Pathways scholarships and tax credits, FCC providers must be CCAP-certified.

Physical Address (location of FCC home) Mailing Address (if different from physical address)

Table with 2 columns: Physical Address, Mailing Address. 4 rows.

Begin Date: ___/___/___ End Date (if any): ___/___/___

I certify that the above information is true and correct.

(Print Provider Name)

(Provider Signature)

Contact phone: (____) _____ - _____

____/____/____
(Date Signed)

Email address: _____

Instructions

Please attach copies of any documents verifying state registration as a Family Child Care Provider (Academic Approval Certificate, LDOE Registration Certificate, Food Program Certification Form, CCAP Certification Form, State Fire Marshal report, etc.).

Your private information is not shared outside the Louisiana Department of Education and its affiliates. This form is required from all FCC Providers opting into Academic Approval, that would like to be eligible for School Readiness Tax Credits (SRTC).

Return to:

Louisiana Pathways
Attention: Career Development
1800 Warrington Place
Shreveport, LA 71101-4425

(800) 245-8925; (318) 677-3163