

VERIFICATION OF EMPLOYMENT FOR CAP/C

Child's Name: \_\_\_\_\_ Child's Medicaid ID Number \_\_\_\_\_

Caregiver Name \_\_\_\_\_

1. Attach letter from employer which includes hours and status of employment. You need not indicate salary information or social security number.

OR

2. Answer the following questions:

- A.  I am self-employed.  
 I am an independent contractor.  
 I am an employee of \_\_\_\_\_.

B. I work as a \_\_\_\_\_.

- C.  I do most of my work outside the home.  
 I do most of my work at my home.

- D. If I do most of my work at my home,  
 I have a separate, dedicated work space in my home.  
 I do not have a separate, dedicated work space in my home.

- E. If I do most of my work at my home,  
 I can arrange my hours, interrupt my work, or be otherwise available for care of my child.  
 I can not be available to care for my child; I would need to seek daycare or babysitter/nanny services for my child.

- F. My typical work hours are (do not include on-call hours):

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

- G. My typical work schedule:

- never or rarely varies.  
 varies sometimes.  
 varies a lot.

- H. My typical work hours are:

- very flexible.  
 somewhat flexible.  
 not flexible.

- I. Please elaborate on any of the above or include any additional relevant information on the back of this form.

**An individual who certifies a material and false statement in this assessment will be subject to investigation for Medicaid fraud and, if applicable, will be referred to the appropriate professional licensing agency for investigation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date