**EMPLOYEE OF CHILD OR FAMILY SERVICE AGENCY-2ND PAGE REQUIRED FORM**

_____
Date

_____
Name

_____
Address

_____
City State Zip Code

_____
Telephone Number Social Security Number

**PLEASE HAVE THIS FORM COMPLETED BY YOUR EMPLOYER AND ATTACH IT TO THE CANCELLATION/DEFERMENT REQUEST FORM.

**EMPLOYER**: Please answer each question as it pertains to your agency and employee.

Yes No
___ ___ 1. Is this organization a public or private non-profit child or family service agency?
Indicate which: _____

Yes No
___ ___ 2. Is the employee a full-time employee?
If yes, when did full-time employment begin?_____

Yes No
___ ___ 3. Is your employee providing, or supervising the provision of, services **only** to high-risk children and their families who are from low-income communities? (Low-income communities are those in which there is a high concentration of children eligible to be counted under Title I of the Elementary and Secondary education Act of 1965, as amended.)

Yes No
___ ___ 4. Are the high-risk children served individuals under the age of 21, who are low-income or at risk of abuse or neglect, have been abused or neglected, have serious emotional, mental, or behavioral disturbances, reside in placements outside their homes, or are involved in the juvenile justice system?

5. What is your employee's job title?_____
(Attach Official Job Description)

_____ _____
Signature of Employee Agency Name

_____ _____
Name of Certifying Official Agency Address

_____ _____
Signature of Certifying Official Agency Telephone Number

SEAL