

1419 Columbia Road NW Washington, DC 20009 Phone: 202.319.2225 Web: www.layc-dc.org

## LATIN AMERICAN YOUTH CENTER ESPERANZA PROGRAM

## **Employment and Income Verification**

## Prospective Kinship/Foster/Adoptive Parent Employment Verification & Reference Form

The following individual has applied to become a kinship/foster/adoptive parent for children who are wards of the Latin American Youth Center. Please complete this form so that we may have the benefit of your observations as part of the home study and licensing process.

**SECTION A:** to be completed by the applicant and submitted to his/her employer.

Applicant Name									
☐ I work outside the home	e 🗆 I v	☐ I work from home				☐ I am self-employed ☐ I am			
Place of Employment				72					
Employment Address									
Employment Phone									
Position/Title									
Gross Salary	Weekly			Bi-Week	ly		Mont	hly	
Length of Employment (	Start Date)						2 in		9
Work Schedule (Days and Hours)				☐ Full-Time					Part-Time
ECTION B: to be complemily Resource Specialism				ed or subi	mitted o	online to th	e Latin Aı	merica	an Youth Cente
Employer Name									
Employer Title									
Employer Phone									
☐ The information in Section A is COI			RRECT					s INC	ORRECT
Please note any corrections here							ξ.		
Honesty			□ Unsatisfactory		□Fa	ir	☐ Good		□ Excellent
Dependability			□ Unsatisfactory		□Fa	ir	☐ Good		□ Excellent
Ability to work under pressure			□ Unsatisfactory			ir	☐ Good		□ Excellent
Additional Comments					100		i.		
Employer's Printed Name	ŷ.	Employer's Signature						Date	