



## KVC - Behavioral HealthCare Application For Day Care

Important: This entire Application and Verification of Employment must be completed before KVC will approve day care payment. Your employer(s) should return the Verification of Employment form(s) to:

**KVC - Behavioral HealthCare**  
**Accounting Services**  
**21350 WEST 153rd STREET**  
**OLATHE, KS 66061**

Foster Family Name: \_\_\_\_\_

Foster Family Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Foster Parent: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Foster Parent: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

### Work/School Schedule

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

### Work/School Schedule

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



# KVC Behavioral HealthCare

## VERIFICATION OF EMPLOYMENT FOR DAY CARE ELIGIBILITY

Employee: \_\_\_\_\_

The above named individual is a licensed foster parent providing foster care for a child in State SRS custody. KVC - Behavioral HealthCare, a contractor with SRS, has agreed to pay for approved day care services for the foster child in his/her home. To do so, we need verification of his/her employment with you. Please provide the information requested below:

The above named individual is employed at:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, St \_\_\_\_\_  
Phone # \_\_\_\_\_

Hire Date: \_\_\_\_\_

**His/her normal work schedule is:**

Monday	_____ AM/PM	to	_____ AM/PM	<b>OT Required</b>
Tuesday	_____ AM/PM	to	_____ AM/PM	Yes or NO
Wednesday	_____ AM/PM	to	_____ AM/PM	
Thursday	_____ AM/PM	to	_____ AM/PM	<b># of OT hours</b>
Friday	_____ AM/PM	to	_____ AM/PM	<b>Expected per wk</b>
Saturday	_____ AM/PM	to	_____ AM/PM	_____
Sunday	_____ AM/PM	to	_____ AM/PM	

\_\_\_\_\_  
Signature of Employer / Title

\_\_\_\_\_  
Date

Return directly to: **Accounting Services**  
**KVC - Behavioral HealthCare**  
**21350 West 153rd Street**  
**Olathe, KS 66061**  
**(913) 322-4900**

**Authorization to Release Information:**

I hereby authorize my employer to release to KVC - Behavioral HealthCare any information needed to establish my eligibility for day care services.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



# KVC Behavioral HealthCare

## VERIFICATION OF EMPLOYMENT FOR DAY CARE ELIGIBILITY

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\_\_\_\_\_  
Signature of Employer / Title

\_\_\_\_\_  
Date

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**Authorization to Release Information:**

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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



**KVC - Behavioral HealthCare**  
**Application for day Care Payments**

**Day Care Schedule**

<u>Foster Child Name</u>	<u>Provider Name, Address and Phone Number</u>	<u>Days of Week and Hours Per Day of Care Requested</u>

To the best of my knowledge, I certify that all the information included in this application is complete and correct.

Signature of Applicant

Date

**Return forms to:**  
**Accounting Services**  
**21350 W 153rd Street**

**Olathe, KS 66061**

Signature of Applicant

Date