



CCSP Early Head Start/Early ECEAP Enrollment Verification

The purpose of this form is for applicants to give providers permission to confirm their child(ren)'s enrollment in an Early ECEAP/Early Head Start program.

Local Office _____

Telephone Number _____

Case Number _____

Date _____

To the Applicant

Permission to Release Information

I hereby give permission to the below-named provider to release information to the Department of Children, Youth, and Families (DCYF) for the purpose of determining eligibility for the Child Care Subsidy Program (CCSP).

Provider's name _____

Applicant Signature

Print Applicant Name

Date

To the Provider

Program Enrollment

Please confirm whether the applicant has any children enrolled in either of the following programs:

Early ECEAP (*for children birth to 3 years old*)

Early Head Start

Enrolled Children

Provide the names of all enrolled children below. Attach additional sheets if needed.

Provider Signature

Print Provider Name

Date