SUBSIDY CLEARANCE FORM FOR REVIEW AND APPROVAL

RE:

(CHILD FOR WHICH SUBSIDY WAS COMPLETED- NAME AND DCN)

(PROVIDER NAME)

FROM:

(SUBSIDY WORKER)

PARENT SIGNATURES VERIFIED:

SUPERVISORY APPROVAL: _____

(SUPERVISOR PRINTED NAME)

(By signing below, I attest that I have reviewed the attached subsidy agreement for accuracy, completeness, and appropriate documentation)

(SUPERVISOR SIGNATURE)

(APPROVAL DATE)

CHILDREN'S DIVISION REGIONAL DIRECTOR, SUBSIDY LIAISON DESIGNEE OR FCCM OVERSIGHT APPROVAL:

(By signing below, I attest that I have reviewed the attached subsidy agreement for accuracy, completeness, and appropriate documentation)

(SIGNATURE) (REQUIRED IF ABOVE BASIC) (APPROVAL DATE)

(SIGNATURE)

(APPROVAL DATE)

FCCM INFORMATION:

(Must be completed for all subsidy agreements submitted by an FCCM agency)

AGENCY:	CONSORTIUM:
6Z CODE:	PHONE #:
WORKER:	WORKER E-MAIL:
SUPERVISOR:	SUPERVISOR E-MAIL: