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)**

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

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CENTRAL OFFICE APPROVAL:

_____ _____
(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:** _____