



# Tennessee Department of Children's Services

## Verification of Employment or Employment Readiness Program (Extension of Foster Care)

(All applicable fields **MUST BE** completed.)

Young Adult's Name:				DOB:		
Young Adult's Address:						
	Street Address	City	State	Zip		

Provide a response for the applicable section below.

<b>VERIFICATION OF EMPLOYMENT:</b>	
Name of Employer:	
Date of Hire:	
If the youth has been employed for thirty (30) days or more, are they currently working at least 80 hours per month?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable- Employed for less than thirty (30) days
If the youth has been employed for less than thirty (30) days, are they anticipated to work at least 80 hours per month?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable- Employed for greater than thirty (30) days

<b>VERIFICATION OF ENROLLMENT IN EMPLOYMENT READINESS PROGRAM</b>	
Name of Employment Readiness Program:	
Start Date for Employment Readiness Program:	
Date Expected to Complete Employment Readiness Program:	
Employment Readiness Program is a program designed to promote or remove barriers to employment.	

Signature:			Date:	
	(Employer or Representative from the Employment Readiness Program)			
Title:		Phone Number:		
Email Address:				

Knowingly providing false information on this application may result in the termination of your participation in the program.

Check the "Forms" Webpage for the most current version and disregard all previous versions. This form may not be altered without prior approval.  
Distribution: Youth Adult, Young Adult's Extension of Foster Care Case File