



This form is to allow an applicant, recipient or household member to verify expenses related to the employment of a Caregiver or Domestic Helper.

Applicant/Recipient Information

FAS ID:

Name

Date of Birth

Contact Number

Email

Caregiver or Domestic Helper Information

Name

Date of Birth

Contact Number

Email

This form serves to confirm the employment of _____
as a Caregiver / Domestic Helper in my household. The details of their employment are below:

Start of Employment:

Employment Status: Full-Time Part-Time

Monthly Salary/Wages:

Address of Employment:

Work Permit Status: No Yes If Yes, Work Permit Number:

Please note if the employee is on a Work Permit, a photocopy of the following is to be accompanied with this form:

- Work Permit Approval
- Passport Photo Page of the employee



Acknowledgment and Certification

I, the undersigned, hereby certify that the information provided is true and accurate to the best of my knowledge.

Signature of Employer

Signature of Employee

Date

Date

Note: Per section 28 of the Financial Assistance Act - "A person who, on examination under the authority of the Financial Assistance Act, 2022, knowingly gives false evidence, makes a false declaration or provides false or misleading information where required to do so under this Act, commits an offence and is liable on summary conviction to a fine of three thousand dollars or to imprisonment for a term of six months, or to both."

Thank you for completing this form. This form can be submitted online by visiting dfa.gov.ky or via email to dfainfo@gov.ky.