

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number Social Security Number

**\*\*PLEASE HAVE THIS FORM COMPLETED BY YOUR EMPLOYER AND ATTACH IT TO THE CANCELLATION/DEFERMENT REQUEST FORM.**

EMPLOYER: Please answer each question as it pertains to your agency and employee.

Yes No  
\_\_\_ \_\_\_ 1. Is this organization a public or private non-profit child or family service agency? Indicate which:  
\_\_\_\_\_

Yes No  
\_\_\_ \_\_\_ 2. Is the employee a full-time employee?  
If yes, when did full-time employment begin? \_\_\_\_\_

Yes No  
\_\_\_ \_\_\_ 3. Is your employee providing, or supervising the provision of, services to high-risk children and their families who are from low-income communities? (Low-income communities are those in which there is a high concentration of children eligible to be counted under Title I of the Elementary and Secondary education Act of 1965, as amended.)

Yes No  
\_\_\_ \_\_\_ 4. Are the high-risk children served individuals under the age of 21, who are low-income or at risk of abuse or neglect, have been abused or neglected, have serious emotional, mental, or behavioral disturbances, reside in placements outside their homes, or are involved in the juvenile justice system?

5. What is your employee's job title? \_\_\_\_\_  
(Attach Official Job Description)

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Name of Certifying Official

\_\_\_\_\_  
Agency Address

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Agency Telephone Number