## ARIZONA DEPARTMENT OF ECONOMIC SECURITY Family Assistance Administration

## **VERIFICATION OF NEW/CURRENT EMPLOYMENT**

Date: Case Number / HEA Plus App ID:	
Case Name (Last, First, M.I.):	
For questions, call: 1-833-397-3155 Fax completed form to 602-257-7031 or 1-844-680-9840	
The person whose name and signature appears below, or on the attached copy of the signature page of Application, has requested your cooperation in releasing the following information. Please complete and fax to the number written above.	
AUTHORIZATION TO RELEASE INFORMATION/AUTORIZACIÓN PARA DAR II	NFORMACIÓN
I hereby authorize release of any and all information requested below concerning myself and my househouse the Arizona Department of Economic Security. Por la presente autorizo y doy mi consentimiento para que Arizona Department of Economic Security toda y cualquier información que se pide a continuación acerca miembros de mi hogar.	e se entregue al
Employed Household Member's Name (Last, First, M.I.) / Nombre del Miembro empleado del hogar (Apellido, nombre, segundo inicial):	
Employee's Social Security Number / Número de Seguro Social del empleado:	
Employed Household Member's Signature / Date Firma del Miembro empleado del hogar: Fech	
Signed release attached. A photocopy or fax of a client's or employee's signature shall be treated as a New/current employers please complete all questions in Sections A, B and C.	n original signature
A. NEW/CURRENT EMPLOYER	
Date Hired: Anticipated Date of First Check:	
Rate of Pay \$ Per: Anticipated Gross Income \$ _	
Number of Hours Worked Per Week (If hours per week vary, indicate the range possible): From	To
Number of Hours Worked Per Day (If hours vary, indicate the range possible): From To  Days of Week Worked (check all that apply):  Monday Tuesday Wednesday Thursday Friday Saturday Sunday	
Does the employee receive any tips/bonus/commission/shift pay? Yes No Type:	
If yes, what is the range of possible amounts that the employee can receive? From	lo
Frequency of pay: Is this pay normal? Yes No	
Are wages received under the Workforce Investment Act (WIA) Program? Yes No	
Employee reimbursed for <i>(check one)</i> : Travel Lodging Uniforms  How often? Amount \$	
Employee is paid: Daily Weekly Bi-weekly Twice monthly Monthly	

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Case Name:		с	Case Number:		
Employed Household Member's Name:		E	Employee's Social Security Number:		
A. NEW/CURR	FNT FMP	LOYER (Con	tinued)		
Is pay direct deposited? Yes No			ucu)		
If yes, Name of bank:					
Day of week or date(s) pay period starts:	ε	ends:			
Overtime Rate \$ Overtime Hours	Per Week: _		Will overtime continue?	Yes No	
Contract? Yes No (If yes, attach copy and provide the gross earnings fo	or each mont	th(s) and year(s)	indicated on Section C on	page 3.)	
Per Job (Rate) \$ Hourly (Rate	:) \$	Other			
Child support withholding? Yes No Amo	ount \$		How often?		
Expected changes in income? Yes No					
When? Increase Decre	ase Why?				
Worker's Compensation (claim pending, or claim bei	ng paid)?	Yes No			
Carrier's Name:					
Is the employee on a leave of absence? Yes	No				
When does the leave of absence begin?					
When is the leave of absence expected to end?					
Is the leave of absence paid or unpaid? Paid	Unpaid				
Is the employee receiving short term disability?	∕es No	How often?	Amount S	\$	
Is the employee receiving long term disability?	∕es No	How often?	Amount S	\$	
Does your company offer health insurance? Y (If yes, continue to Section B.)	⁄es No				
B. HEALTH I	NSURANG	CE INFORMA	TION		
Does the employee currently have (or has had) healt	th insurance	with your compa	ny? Yes No		
If yes, complete information below. If no, did employe	ee decline he	ealth insurance?	Yes No		
Name of Insurance Company:					
Address (No., Street):					
City: S	State:		ZIP Code	:	
Policy Number:	_ Poli	cy Date: From <sub>-</sub>	To _		
LIST INSURED DEPENDENTS:		RELATIONSHIP TO EMPLOYEE:			

ase Name:			Cas	Case Number:		
Employed Household Member's Name:			Em	Employee's Social Security Number:		
		C. PAYCHE	CKS ISSUED			
ndicate each paycheck issued to the employee: From (Month/Year)			h/Year)			
MONTH / YEAR	PAY PERIOD ENDING	DATE ACTUALLY PAID	GROSS EARNINGS	HOURS	TIPS	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
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