Health Care/Emergency Worker Support Bonus - ATTENDANCE VERIFICATION SHEET

Please complete the table below and obtain signatures of the parent or legal guardian of each child(ren) identified as attending your program between the date of application and August 1, 2020.

******You can make multiple copies of this sheet and submit them together, if necessary.********

Name of Child	Age	Place of Employment for	Worker Type	Signature of Parent/Legal
First & Last Name	of	the Parent/Legal Guardian	Healthcare (H)	Guardian
		the Fullenty Legar Guardian	or	*Signature is needed on every
	Child			Signature is needed on every
			Emergency (E)	line a child is identified.
	1		1	

Return with completed Grant Application for Health Care/Emergency Worker Support Bonus