

## Crestwood School District Dependent Care Verification

Employee Name \_\_\_\_\_

As an employee, I verify that the listed dependents below are legally eligible by birth, marriage, or adoption.

Dependent 1  
Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Birth Date \_\_\_\_\_

Dependent 2  
Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Birth Date \_\_\_\_\_

Dependent 3  
Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Birth Date \_\_\_\_\_

Dependent 4  
Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Birth Date \_\_\_\_\_

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

Date \_\_\_\_\_