



### Child Care Certification

**1. To be obtained from applicant:**

I, \_\_\_\_\_, have arranged for my child(ren), \_\_\_\_\_  
\_\_\_\_\_, (Names of child or children) to stay with my  
\_\_\_\_\_ (Mother, etc.) \_\_\_\_\_ (Name of Provider)  
at \_\_\_\_\_ (Address) during my enrollment in the Job Corps.

Signature of Applicant

Date

**2. To be obtained from provider:**

I, \_\_\_\_\_, have agreed to care for \_\_\_\_\_  
\_\_\_\_\_, (Names of child or children) in my home  
at \_\_\_\_\_ (Address) while my (daughter, etc.)  
is enrolled in Job Corps. I fully understand that this enrollment may be as long as two years. The telephone number  
where I may be reached is ( ) \_\_\_\_\_.

Signature of Care Provider

Date

**3. To be signed by the Admissions Counselor:**

In my opinion, the applicant's child(ren) will be adequately cared for by the person named above.

Signature of Admissions Counselor

Date

**Privacy Act Notice:**

All requests for personal information about students must be treated as requests under the Freedom of Information Act and the Privacy Act of 1974, and handled pursuant to 29 CFR Parts 70 and 70a and 45 CFR Parts 160 and 164.

**Public Burden Statement:**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

## CHILD CARE CERTIFICATION

1. **Purpose.** To verify and document that an applicant with dependent children has established suitable arrangements for the care of any dependent children for the proposed period of enrollment in Job Corps.
2. **Originator.** Job Corps Admissions Counselor.
3. **Frequency.** For each applicant with dependent children.
4. **Distribution.** One copy of the completed ETA 6-82 is retained in the applicant's file in all applicable cases.
5. **General Instructions.** Information asked for is self-explanatory. The applicant completes, signs and dates Section 1; the care provider completes, signs and dates Section 2; and the Job Corps Admissions Counselor signs and dates Section 3.
6. **Disposition.** To be kept in applicant's folder.