



CHILD OR FAMILY SERVICE AGENCY VERIFICATION FORM

Yes

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No

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1. Is this organization a public or private non-profit child or family service agency?

Indicate which _____

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2. Is your employee **directly and exclusively** 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.)

**** The borrower may also be providing services to adults, but these adults must be members of the families of the children for whom services are provided. The services provided to adults must be secondary to the services provided to the high-risk children.***

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3. 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?

Signature of authorized official: _____

Title: _____ Date: _____

Name of Agency, Organization or Employer: _____

Address: _____

Phone number: (_____) _____ Email address: _____