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**Employment Verification Form**

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

The above named person has applied for the sliding scale fee at The Re-Mapping Minds. To determine eligibility for the person/family, all earnings must be verified.

**THIS SECTION MUST BE FILLED OUT BY EMPLOYER IN INK:**

1. Is the person named above employed by you? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No) Date hired: \_\_\_\_\_  
Give total gross income for previous year if worked: \_\_\_\_\_  
Estimated length of employment since first hired (Months) (Years) \_\_\_\_\_  
Date terminated (if applicable) \_\_\_\_\_  
If employee is or has been on leave of absence, give date leave began: \_\_\_\_\_  
Date of expected return: \_\_\_\_\_. Is employee seasonal? \_\_\_\_ (Yes) \_\_\_\_ (No)  
If yes, give current year total income: \_\_\_\_\_ & if applicable, Contracted hours \_\_\_\_\_
2. How often is employee paid? \_\_\_\_ weekly \_\_\_\_ every 2 weeks \_\_\_\_ monthly \_\_\_\_ twice monthly.  
Average number of hours worked per week. \_\_\_\_\_.
3. Please state hourly wage: \_\_\_\_\_.
4. Are any changes expected in employee's pay or status during the next six months? \_\_\_\_ (Yes) \_\_\_\_ (No)  
If yes, please explain: \_\_\_\_\_.

5. On the chart below, please state all earnings for the last four (4) weeks:

PLEASE INDICATE EARNINGS BEFORE DEDUCTIONS

DATE PAID	GROSS AMOUNT
1. _____	_____
2. _____	_____
3. _____	_____

Does the employee have health insurance? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)  
If yes please fill in the information below:  
Name of insurance company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Group Number \_\_\_\_\_  
Effective Date \_\_\_\_\_  
Name(s) of insured dependents: \_\_\_\_\_.

Name of person representing the employer: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize my employer, \_\_\_\_\_ to release wage information to RE-MAPPING MINDS

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE SEEKING VERIFICATION DATE