

OFFICIAL CERTIFICATION LETTER FOR CANCELLATION BENEFITS

NOTE TO BORROWER: Fill out PART A and sign here to request a deferment of payments for the reason indicated by your employer in Part B, C, D, E or F (whichever applies)

Signature

NOTE TO EMPLOYER: Please complete and sign PARTS B, C, D, E, or F, as applicable. This form may not be certified more than 30 days before the date of employment.

PART A

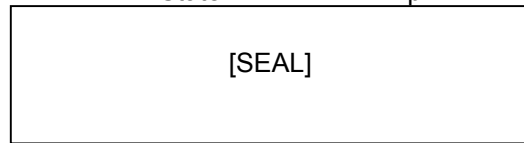
EMPLOYEE NAME: _____ SSN: _____
Last First MI

LEGAL NAME OF AGENCY: _____

AGENCY ADDRESS: _____ AGENCY PHONE NO: (____) _____
Street
City State Zip

NAME OF CERTIFYING OFFICIAL: _____
(please print)

TITLE: _____



If not available, provide a letter from your employer.

PART B: NURSE OR MEDICAL TECHNICIAN (Code of Federal Regulations, Sections 674.51 & 674.56)

I certify that the above employee is or is expected to be a full-time employee of this institution or facility for twelve consecutive months beginning _____ and ending _____ as a: (Please check one or describe similar position in the space provided.)

Medical Technician: An allied health professional (working in fields such as therapy, dental hygiene, medical technology, or nutrition) who is certified, registered, or licensed by the appropriate state agency in the state in which he or she provides health care services and assists, facilitates, or complements the work of physicians and other specialists in the health care system. (Attach job description.)

Nurse: A licensed practical nurse, a registered nurse, or other individual who is licensed by the appropriate state agency to provide nursing services.

The employee provides these services in the job capacity of: _____

Date Received Med Tech/RN License: _____ or Date Passed State Board: _____

SIGNATURE OF CERTIFYING OFFICIAL DATE

PART C: EARLY INTERVENTION SERVICES (Code of Federal Regulations, Section 674.51 & 674.56)

- YES NO**
 1. Is this program a public or other non-profit program under public supervision by the lead agency as authorized in section 632(4) of the Individuals with Disabilities Education Act?
- YES NO**
 2. Is your employee (or is your employee expected to be) a full-time employee of this agency for 12 consecutive months? If yes, indicate beginning _____ and ending _____ dates.
- YES NO**
 3. Is your employee a qualified professional provider of early intervention services designed to meet a handicapped infant's or toddler's developmental need in any one or more of the following areas: physical development, cognitive development, language and speech development, psycho-social development, or self-help skills (as defined in section 632(4) of the Individual's with Disabilities Education Act)?
- YES NO**
 4. Does your employee provide services to infants and toddlers with disabilities from birth to 2 years old, inclusive? In what job capacity? _____
(Attach job description)

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Please see other side

PART D: PUBLIC/PRIVATE NON-PROFIT CHILD OR FAMILY SERVICE AGENCY (Code of Federal Regulations, Section 674.56(b))

- YES** **NO** 1. Is this organization a public or private non-profit child or family service agency? Indicate which _____.
- YES** **NO** 2. Is your employee (or is your employee expected to be) a full-time employee of this agency for 12 consecutive months? If yes, indicate beginning _____ and ending _____ dates.
- YES** **NO** 3. Is your employee 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.)
- YES** **NO** 4. 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?
5. What is your employee's job title? _____
(Attach job description)

_____/_____
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PART E: HEAD START (Code of Federal Regulations, Section 674.58) Head Start is a preschool program carried out under the Head Start Act (Subchapter B, Chapter 8 of Title VI of Pub.L. 97-35, the Budget Reconciliation Act of 1981, as amended; formerly authorized under Section 222(a) (1) of the Economic Opportunity Act of 1964). (42 U.S.C. 2809(a)(1)).

- YES** **NO** 1. Is your employee (or is your employee expected to be) a full-time employee of this agency? If yes, indicate beginning _____ and ending _____ dates.
- YES** **NO** 2. Does the program operate for a complete academic year or its equivalent?
- YES** **NO** 3. Does your employee's salary exceed the salary of a comparable employee working in the local educational agency of the area served by the local Head Start Program?
- YES** **NO** 4. Is your employee or will your employee be considered a full-time member regularly employed in a full-time professional capacity to carry out the educational part of a Head Start Program?

_____/_____
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PART F: LAW ENFORCEMENT (Code of Federal Regulations, Section 674.57)

- YES** **NO** 1. Is this a local, state or Federal law enforcement or corrections agency that is publicly funded, and do its principal activities pertain to crime prevention, control, or reduction or the enforcement of the criminal law?
- YES** **NO** 2. Is this agency primarily responsible for the enforcement of criminal law?
- YES** **NO** 3. Is your employee (or is your employee expected to be) a full-time employee of this agency for 12 consecutive months beginning _____ and ending _____ dates and, during that time, has your employee been (or will your employee be) a sworn law enforcement or corrections officer (effective date _____) or person whose principal responsibilities are unique to the criminal justice system, and are these responsibilities essential in the performance of the agency's primary mission?
- YES** **NO** 4. Are your employee's official primary responsibilities administrative or supportive, such as those that involve typing, filing, accounting, office procedures, purchasing, stock control, food service, or building, equipment or grounds maintenance?
5. What is your employee's job title? _____
(Attach job description)

_____/_____
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