

**First Things First Early Childhood Therapist Incentives Program  
Service Verification Form**

This is to verify that \_\_\_\_\_ has completed full-time, continuous employment in  
(FTF Incentives Program Recipient)  
good standing at \_\_\_\_\_, for the service quarter beginning \_\_\_\_\_  
(approved service area/therapy clinic) (MM/DD/YY)

and ending \_\_\_\_\_, as specified in the Arizona FTF Loan Repayment Program contract executed with the Arizona Department of Health Services. This signed form is due 10 business days after the last day of the completed quarter of service to assure timely payment on the recipient's education loan(s). The form shall be submitted to:

**First Things First Early Childhood Therapist Incentives Program  
Bureau of Health Systems Development  
Arizona Department of Health Services  
150 N 18<sup>th</sup> Ave Suite 300  
Phoenix, Arizona 85007**

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I hereby verify that I have completed the above service quarter in accordance with the terms and conditions of my FTF Early Childhood Therapist Incentives Program contract.

\_\_\_\_\_  
Signature of FTF Incentives Program Recipient Date

State of \_\_\_\_\_ )  
\_\_\_\_\_)  
County of \_\_\_\_\_ )  
The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
By \_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
Notary Public

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I hereby verify that this employer or contracting agency and the services provided therein are in compliance with FTF Early Childhood Therapist Incentives Program requirements, Service Area Eligibility.

\_\_\_\_\_  
Signature of Employer or Contracting Agency Date  
Executive Director/Administrator or authorized signatory (where applicable)

State of "\_\_\_\_\_" \_\_\_\_\_ )  
\_\_\_\_\_)  
County of \_\_\_\_\_ )  
The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
by \_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
Notary Public

===== **FOR OFFICE USE ONLY** =====

ACCOUNTING:  
PLEASE PAY LENDER: \_\_\_\_\_

Contract No. _____	SCHEDULED PAYMENT \$
FY _____ PCA _____ INDEX _____ % _____	
FY _____ PCA _____ INDEX _____ % _____	

Approved for Payment by \_\_\_\_\_ Date: \_\_\_\_\_