

CHILD CARE PAYMENT PROGRAM

711 East Main St. Quincy, CA 95971 (530) 283-4453 Fax (530) 283-3647

Self-Employment Declaration

I, _____ living at _____
(Print Name) (Address)

City of _____ State of _____ Declared on _____
(Date)

That I am Self Employed. As a Self Employed Person, I perform the job duties listed: _____

Business Name Business Address Business Phone

CA State/Plumas County License # _____

I earn on average (please complete one of the following)

\$ _____ Weekly \$ _____ Bi Weekly (every other week)

\$ _____ Twice Per Month \$ _____ Monthly

Form of Payment: _____ Check _____ Cash _____ Other (Please Specify) _____

Work Schedule:	<u>Sun</u>	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thur</u>	<u>Fri</u>	<u>Sat</u>
Start:	_____	_____	_____	_____	_____	_____	_____
End:	_____	_____	_____	_____	_____	_____	_____
Weekly Hours of Work: Min:	_____		Max:	_____			

As a Self-Employed person, I understand the following applies:

1. I must submit a Self-Employment Work Schedule and Income Statement to my Child Care Specialist at the time of my recertification for the current 12 months verifying my employment activities and income for those months.
2. Failure to comply with the requirement listed above may result in the Child Care Payment Program billing me for the reimbursements made to my child care provider(s).
3. Failure to pay amounts billed to me or to supply the Child Care Payment Program with the Self-Employment Work Schedule and Income Statement, may result in the termination with the Child Care Payment Program.
4. Information about my eligibility may be reviewed by representatives of the State of California, the Federal Government, Independent auditors, Special Investigators (Fraud Unit) and/or others as necessary for the administration of the Child Care Payment Program.

I declare under penalty of perjury and the laws of the State of California, that the above information is true and correct to the best of my knowledge.

Parents Name (Print)

Parents Signature

Date