

JOB SEEK RECORD

PARENT NAME _____ MONTH _____ YEAR _____

Day	Time In	Time Out	Activity/Interview
1			
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I declare under penalty of perjury that the above information is true and correct to the best of my knowledge. I further acknowledge and give authorization to the Child Care Payment Program to verify the information contained in this statement.

Signature of Job Seeking Parent

Date

Return this form by the 5th of each month to: Plumas Rural Services - Child Care Payment Program, 586 Jackson St. Quincy, CA 95971 ATTN: _____, Child Care Specialist