

CHILD CARE PAYMENT PROGRAM

711 East Main St. Quincy, CA 95971 – (530) 283-2735 Fax: (530) 283-3647

Self Employment Declaration

Staff Initials

I, _____ living at _____
Name (PRINT) ADDRESS

City of _____ State of _____ Declared on _____
DATE

That I am Self Employed. As a Self Employed Person I do the following: _____
BRIEF DESCRIPTION OF BUSINESS PERATIONS/ ACTIVITES AND SCHEDULES

Business Name Business Address Business Phone

CA State/Plumas County/County License # _____

I earn on average (complete one of the following)

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

\$ _____ Twice Per Month \$ _____ Per Month

Form of Payment: _____ check _____ cash _____ other (Please Specify) _____

Hours of Service: _____ Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat

As a Self Employed person I understand the following:

- I must submit a Self Employment Work Schedule and Income Statement to my Child Care Specialist at the time of my recertification for all months requested, (quarterly) verifying my employment activities for those months.
- Failure to comply with the requirement above may result in Child Care Payment Program billing me for payments made to my child care provider(s).
- Failure to pay amounts billed to me, or to supply Child Care Payment Program with the Self Employment Work Schedule and Income Statement, may result in termination of Child Development Services.
- 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 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