

# CHILD CARE PAYMENT PROGRAM

586 Jackson St. Quincy, CA 95971- (530) 283-4453 Fax (530) 283-3647

## Self Employment Work Schedule and Income Statement

Complete one form for each month and submit before the 5<sup>th</sup> of the following month.

Parent's Name \_\_\_\_\_

Month Worked \_\_\_\_\_

Staff Initials
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Please Print

	Job description, duties performed, appointments etc.	Hours worked per day						
		S	M	T	W	TH	F	Sa
WEEK 1		Travel time per day						
WEEK 2		Hours worked per day						
		S	M	T	W	TH	F	Sa
		Travel time per day						
WEEK 3		Hours worked per day						
		S	M	T	W	TH	F	Sa
		Travel time per day						
WEEK 4		Hours worked per day						
		S	M	T	W	TH	F	Sa
		Travel time per day						
WEEK 5		Hours worked per day						
		S	M	T	W	TH	F	Sa
		Travel time per day						

I declare under penalty and perjury that the contents of the above statement are true and correct to the best of my knowledge.

Total Income for the month \$ \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_