

SELF-EMPLOYMENT VERIFICATION FORM

In order to provide child care services for a self-employed person, we are required to verify the work activities and income. Please complete this form and attach supporting documentation to help us determine your eligibility:

Parent/Guardian First and Last Name (Print) _____ Business Phone Number _____

Business Name _____ Date Business Opened _____ Business Fax Number _____

Business Street Address _____ City _____ Zip Code _____

Type of Business (Describe your business. Example: Beautician, House Cleaning, Landscape, Real Estate etc....)

Specify your work schedule (select one):

- ☐ **SET SCHEDULE** – I work the same schedule every week. Specify schedule for each day (Example: Mon 8am-5pm)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

- ☐ **FLUCTUATING SCHEDULE** – I work on a regular basis, but my days/hour vary. Specify work schedule

Possible days you may work (Circle all that apply): M T W Th F Sa Su

Earliest work start time: _____ Latest work end time: _____
(Exp. 6:00am) (Exp. 6:00pm)

Minimum number of hours worked per day: _____ Maximum number of hours worked per day: _____
(Exp. 4 hours) (Exp. 8 hours)

- ☐ **VARIABLE SCHEDULE** - I work occasionally on an as needed basis.

Specify if your business address is the same as your residence, the conditions that preclude you from caring for your child. _____

Specify your income information. Describe how you get paid and include price list for services.

(Example: Per Job. \$50 per house; 10% per sale, \$25 for haircut, \$35 Shampoo & cut, \$45 mani/pedi)

Include contact information to verify sources of self-employment income: _____

Attach documentation to verify your business activity and income. (Attach all that apply):

☐	Business License	☐	Receipts for Expenses	☐	Professional License
☐	Advertising Materials	☐	Tax Return	☐	Quarterly Tax Statement
☐	Rental/Lease Agreement	☐	Appointment Log	☐	Receipts for business expenses
☐	Business Card	☐	Invoice for Service/Product	☐	Business Profit/Loss Statement

I declare under penalty of perjury, that the information regarding my self-employment is true and correct. I give Stanislaus County Office of Education permission to request any information necessary to verify and support my days/hours worked by contacting clients, landlord or others deemed necessary.

Parent/Guardian Signature _____ Date _____

PARTICIPANT ADDITIONAL TRAVEL TIME REQUEST (if applicable)

In order to provide childcare services for travel time , please complete the request below:

Specify the length of time it takes to travel one way to your work site: _____

Please explain why you need travel time to and from your work site:

I swear under penalty of perjury, to the best of my knowledge, that the information above is true and correct.

Parent/Guardian Signature

Date

PARTICIPANT SLEEP TIME REQUEST (if applicable)

Sleep time may be requested if a parent works between the hours of 10:00pm - 6:00am. Hours requested may not exceed the equal number of employment and travel time that falls between 10:00pm-6:00am. If applicable, please complete the sleep time request below:

Specify days and hours childcare services are needed so that you can sleep:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I swear under penalty of perjury, to the best of my knowledge, that the information above is true and correct.

Parent/Guardian Signature

Date

FOR OFFICE PURPOSES ONLY

Date employment and income Verified	Verified With	Staff Initials	Notes

- ☐ Regular/Stable Schedule (Set Schedule or Variable Schedule with a Pattern)
- ☐ Inconsistent/Unstable Schedule (No pattern. Calculate the maximum number of hours of need based on the week with the greatest number of hours from either month of the two-month window immediately preceding certification)
- ☐ Attestation: _____ attest that the reported income and employment is reasonable or consistent with community practice.