Orange County Department of Education
Business Services

FAMILY SUPPORT SERVICES

Tel. (714) 708-3860 · Fax (714) 708-2916

Mailing Address

Family Support Services
P.O. Box 9050
Costa Mesa, CA 92628-9050

DECLARATION OF SELF-EMPLOYMENT / INDEPENDENT CONTRACTOR

In order to comply with State regulations, a self-employed person is required to submit verification of income to determine eligibility. Complete this form and sign the declaration below.

Parent Name: _____

Child Name(s): _____

Name of Business: _____

Type of Work: _____

Business Address: _____

Telephone: _____ Fax: _____ Email: _____

My Work Schedule is best described as: **(Check Only One Type)**

☐ I work occasionally on an as needed basis. **(Variable Schedule)**

☐ I work consistently, however my days and/or hours may change week to week. (**Fluctuating Schedule)**

My usual schedule is a maximum of _____ hours per day for a maximum of _____ hours per week.
Number of Days per week: ___ I work set days ☐ Yes ☐ No (if yes, circle days)
Sun Mon Tues Wed Thurs Fri Sat

☐ I work the same schedule every week. **(Set Schedule)** As shown below. (Example 8:00a-5:00p)

MON	TUES	WED	THURS	FRI	SAT	SUN

I declare under penalty of perjury that the information regarding my self-employment is true and correct. I understand that any fraudulent, false, incomplete, deceitful, or misleading information provided to Orange County Department of Education Family Support Services may be grounds for disenrollment from child care services. I certify that the information contained on this form is accurate and correct.

Parent Signature: _____ Date: _____

Attach any documentation below to support proof of self-employment. (Check Items Submitted)					
	Business License		Tax Return		Invoice for Services or Products Sold
	Office Rental/Lease Agreement		1099 Tax Form		Income Certification/Self Declaration
	Advertisement/Flyers for Business		Independent Contractor Agreement		Self-Employment Business Expenses
	Business Card		Profit & Loss Statement for Taxes		Receipts for Expenses
	Business Bank Statement		Resale License		Other:

FOR OCDE FSS USE ONLY
Reasonableness of Assertion ☐ Yes ☐ No FST Initials: _____ FSS Initials: _____