

# SOLANO FAMILY & CHILDREN'S SERVICES

421 Executive Court North - Fairfield, CA 94534-4019 – (707) 863-3950/642-5148– Fax: (707) 863-3975

## Child Care Provider's Self Employment Declaration

PSS Initials

I, \_\_\_\_\_ living at \_\_\_\_\_  
(NAME) PRINT (ADDRESS)

City of \_\_\_\_\_ State of, \_\_\_\_\_ declare on \_\_\_\_\_  
(DATE)

that I am Self -Employed. As a Self -Employed person I do the following: \_\_\_\_\_  
BRIEF DESCRIPTION OF BUSINESS OPERATIONS/ACTIVITIES

Please indicate your scheduled work hours below: (circle a.m. or p.m.)

Monday	from _____ a.m./p.m.	to _____ a.m./p.m.
Tuesday	from _____ a.m./p.m.	to _____ a.m./p.m.
Wednesday	from _____ a.m./p.m.	to _____ a.m./p.m.
Thursday	from _____ a.m./p.m.	to _____ a.m./p.m.
Friday	from _____ a.m./p.m.	to _____ a.m./p.m.
Saturday	from _____ a.m./p.m.	to _____ a.m./p.m.
Sunday	from _____ a.m./p.m.	to _____ a.m./p.m.

As a Self Employed person I understand the following:

- Solano Family & Children's Services cannot pay me for child care services during the hours I operate the business described above.
- I must notify my Provider Services Specialist within 5 days of any changes to my work schedule.
- Information I submit may be reviewed by representatives of the State of California, the Federal Government, independent auditors, Special Investigations (Fraud Unit) 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 .

\_\_\_\_\_  
PROVIDER'S NAME (PRINT)

\_\_\_\_\_  
PROVIDER'S SIGNATURE

\_\_\_\_\_  
DATE