

SOLANO FAMILY & CHILDREN'S SERVICES

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

Self Employment Work Schedule and Income Statement

Complete one form each month and submit them with the Child Care Attendance Form

Parent's Name _____

Month Worked _____

FSS
initials

Please Print

	Job description, duties performed, appointments etc.	Hours worked per day						
Week 1		S	M	T	W	Th	F	Sa
		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 of 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 _____

The purpose of this agency is to promote and advocate for the well-being of children and families in Solano County by providing Subsidized Child Care, Resources & Referrals, Provider/Parent Training and Education, the Child Care Food Program and Community Outreach to address the community's diverse and ever changing needs.