

SOLANO FAMILY & CHILDREN'S SERVICES

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

Self Employment Declaration

FSS 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

My work hours are: _____
DAYS AND NUMBER OF HOURS WORKED PER WEEK

I earn on average (complete one of the following)

\$ _____ Per Week \$ _____ Bi Weekly (every other week)
\$ _____ Twice Per Month \$ _____ Per Month

Form of Payment: _____ check _____ cash _____ other (Please specify) _____

As a Self Employed person I understand the following:

- I must submit a Self Employment Work Schedule and Income Statement to my Family Services Specialist at the time of my recertification for all months requested, verifying my employment activities for those months.
- Failure to comply with the requirement above may result in Solano Family & Children's Services billing me for payments made to my child care provider(s).
- Failure to pay amounts billed to me, or to supply Solano Family & Children's Services with the Self Employment Work Schedule and Income Statement, may result in termination of Child Development Services.
- Information about my eligibility may be reviewed by representatives of the State of California, the Federal Government, independent auditors, Special Investigations (Fraud Unit) and/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 .

PARENT'S NAME (PRINT)

PARENT'S SIGNATURE

DATE

Solano Family & Children's Services promotes and advocates for the well-being of children, their families, and child care providers by offering access to a variety of child care resources.