SELF EMPLOYED WORK VERIFICATION FORM

In order to verify need for child care services, please record all work activity with clients/customers and other activities involved with self employment on this form and return to 4Cs. Please list all self-employment activities in the space provided below including work activities and income for the 30 day period beginning _____ and ending _____.

Date	Hours Worked	Name of Client / Customer	Client Phone Number	Work/Duties Performed	Amount Earned	Method of Pay
	to					□ Cash □ Check
	to					□ Cash □ Check
	to					□ Cash □ Check
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I declare under penalty of perjury that the information listed above is accurate and true information about my work history. I authorize 4Cs to verify my employment in order to establish eligibility and need for subsidized child care services.

Parent/Guardian's name: _____ Parent/Guardian's Signature: _____ Date: _____