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FSS Initials

SELF-EMPLOYMENT DECLARATION

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)

Section 1: Work Schedule (Choose One)

I work a Variable schedule:

The number of hours per week ranges from: _____ hours to _____ hours.
Minimum Hours Per Week Maximum Hours Per Week

I can work between the hours of: _____ am/pm and _____ am/pm
Earliest Start Time Latest End Time

The number of work days per week ranges from: _____ days to _____ days.
Minimum Per Week Maximum Per Week

I work a Set schedule:

Sunday	from	_____ a.m./p.m.	to	_____ a.m./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.

Section 2: I earn on average (before deductions):

\$ _____ /hour \$ _____ /day \$ _____ /week \$ _____ /month

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

- As a Self-Employed person, I understand the following:
- I must submit as many of the following documents needed to support the days and hours of employment, including but not limited to: Self-Employment Work Schedule and Income Statement, appointment logs, client receipts, mileage logs, list of clients with contact information or similar records, or as applicable, a copy of my business license, a workspace lease or rental agreement.
 - Failure to supply Solano Family & Children's Services with documents needed to support the days and hours of employment, may result in denial or termination of child care 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 wide variety of child care resources.