

SOLANO FAMILY & CHILDREN'S SERVICES

421 Executive Court North ♦ Fairfield, CA 94534-4019
 Tele: (707) 863-3950 ♦ Fax: (707) 863-3975 ♦ E-mail: info@solanofamily.org

Self Employment Work Schedule and Income Statement

Complete one form each month. Failure to supply Solano Family & Children's Services with these statements, as requested, may result in termination of Child Care Services.

| |
|-----------------|
| FSS initials |
|-----------------|

Parent's Name _____

Month Worked _____

| | 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 Gross Income for the month \$ _____ 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.