

Attn:	
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## **Seeking Employment Policies**

If the basis of child care need is to seek employment: Each parent is eligible for a period not less than 12 months for (C2AP and C3AP programs) or 24 months for (CAPP, CSPP, and CCTR programs).. Approved child care hours for job seek activities will not exceed 5 days per week and must be less than 30 hours per week.

As a parent needing child care in order to seek employment:

(Parent Initials)		
purposes of seeking employme	y only use child care services durin nt, filling out job applications, attend es which are reasonable and neces	ding job interviews, and conducting
2. I can voluntarily report	changes that will result in an incre	ase in my child care services level
3. I understand that child less than 30 hours per week.	care can be approved on no more	than five days per week and for
4. If I am enrolled in the approve any and all activities, in	GAIN program, I understand that macluding seeking employment.	y GAIN worker may be required to
5. I further understand th approval from Pathways LA.	at I may not alter the terms of this a	agreement without prior written
I have read and fully understa policies.	and and agree with the terms of the	hese seeking employment
Parent Name	Parent Signature	 Date



Attn:	
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## **Seeking Employment Declaration**

ve requested child care while you seek employment. Child care services while seeking
ment are limited to no more than five days per week and less than 30 hours per week for a
no less than 12 months for (C2AP and C3AP programs) or 24 months for (CAPP, CSPP, and
programs). Your Program Specialist will review your request and assign hours as applicable.
Please indicate the start date of your seeking employment activity:
How will you be doing your job search? (Ex :Searching websites, meeting with employer):
What position or type of position will you be seeking? (Ex medical assistant, retail, and so forth
Where will you be looking for employment? (Ex using computers at the library, community colleges and or job fairs):

## Please describe when services will be necessary (days and hours):

	From:	To:
Monday	am/pm	am/pm
Tuesday	am/pm	am/pm
Wednesday	am/pm	am/pm
Thursday	am/pm	am/pm
Friday	am/pm	am/pm
Saturday	am/pm	am/pm
Sunday	am/pm	am/pm

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.

Signature:	Date:
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