

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 employ	may only use child care services during the may only use child care services during the ment, filling out job applications, attending vities which are reasonable and necessar	g job interviews, and conducting
2. I can voluntarily re	port changes that will result in an increase	e in my child care services level
3. I understand that of less than 30 hours per week	child care can be approved on no more tha	an five days per week and for
	the GAIN program, I understand that my G s, including seeking employment.	GAIN worker may be required to
5. I further understan approval from Pathways LA	d that I may not alter the terms of this agro	eement without prior written
I have read and fully unde policies.	rstand and agree with the terms of thes	se seeking employment
Parent Name	Parent Signature	 Date



Attn:

Seeking Employment Declaration

Parent Name:
You have requested child care while you seek employment. Child care services while seeking
employment are limited to no more than five days per week and less than 30 hours per week for a
period no less than 12 months for (C2AP and C3AP programs) or 24 months for (CAPP, CSPP, an
CCTR programs). Your Program Specialist will review your request and assign hours as applicable.
Please indicate the start date of your seeking employment activity:
2. How will you be doing your job search? (Ex :Searching websites, meeting with employer):
3. What position or type of position will you be seeking? (Ex medical assistant, retail, and so for
4. 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:
9	