

Self-Employment Policies

As a parent needing child care for my self-employment:

(Parent initials)

____ ↓ 1. I authorize Pathways LA to verify all information regarding my self-employment, including but not limited to my scheduled hours, rate of pay, pay period, or additional compensation.

____ 2. I understand that it is my responsibility to inform Pathways of increases to my family's income that exceeds 85% of the State Median Income within 30 days. I can also voluntarily report changes which will result in a positive change to my service level, such as an increase in my work hours or decrease in income which will result in a reduction in my family fees.

____ 4. I understand that I am responsible for providing Pathways with accurate documentation regarding my income. This includes, but is not limited to, pay stubs, list of clients and amounts paid, most recently signed and completed tax returns, quarterly estimated tax statements, or other records to support the reported income.

____ 5. I understand that I must submit income information at my recertification period.

____ 6. In addition to my income from my self-employment, I am required to submit copies of documentation of all non-wage income (such as CalWORKs grant, child support, alimony, etc.)

____ 7. I am required to submit a combination of documentation to establish my income eligibility including but not limited to, a letter from the source of income, copy of most recently signed and completed tax returns with a statement of current estimated income for tax purposes, and/or other business records, ledgers, receipts, business logs, etc.

____ 8. I am required to submit verification of my self-employment and Pathways LA has the right to verify all information submitted, such as appointment logs, client receipts, job logs, mileage logs, a list of clients with contact information, copy of business license, a workspace lease, a workspace rental agreement, etc.

____ 9. Pathways LA may contact my clients, review my bank statements, and/or confirm information from my advertisement or web site in order to verify my income and need for child care services.

I understand that my failure to comply with the rules of the program or terms of this self-employment agreement may result in the immediate denial of child care services in which case I become solely responsible for paying for all of my child care costs. In addition, I understand that I may not alter the terms of this agreement without prior written approval from Pathways LA and that Pathways LA reserves the right to request additional documentation regarding my self-employment.

I have read and fully understand and agree with the terms of these self-employment policies.

Parent Name: _____ Date: _____

Parent Signature: _____

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Parent Name: _____ **Type of Business** (please be specific): _____

Employment Start Date: _____

Employment Address: _____, if address varies, mark here

City: _____ Zip Code: _____ Phone: _____

Describe the nature of the employment (please be specific):

Please provide an estimate of the days and hours you work per week:

My work days and hours vary.

Days: I work anywhere from _____ (minimum) to _____ (maximum) days per week.

Hours: I work anywhere from _____ (minimum) to _____ (maximum) hours per week.

My work days and hours are set:

	From:	To:
Sunday	am/pm	am/pm
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

I understand that I will be required to submit additional documentation to verify my self-employment. I authorize Pathways to obtain the information deemed necessary to support the hours and days regarding my self-employment including, but not limited to, contacting my clients and/or my lessor.

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: _____

For office use only:

[] Approved [] Denied

Supporting Documentation (mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Appointment Logs | <input type="checkbox"/> Client Contact List (verified on _____) |
| <input type="checkbox"/> Client Receipts | <input type="checkbox"/> Business License |
| <input type="checkbox"/> Job Logs | <input type="checkbox"/> Workspace Lease (verified on _____) |
| <input type="checkbox"/> Mileage Logs | <input type="checkbox"/> Workspace Rental Agreement
(verified on _____) |

I attest that the necessary information was collected, reviewed, and verified. The days/hours requested per week are reasonable based on the documentation provided. The criteria set forth by CDSS/ CDE for self-employment have been met.

Program Specialist: _____ Date: _____ Program Manager: _____