

ATTN:

CHILDREN'S HOME SOCIETY OF CALIFORNIA

DOMESTIC SERVICES EMPLOYMENT VERIFICATION

Parent's Name (please print): _____

Parent's Statement: I am self-employed as a provider of domestic services for the persons listed below. My schedule and income information are listed below. I declare under penalty of perjury this information is true and correct. I understand that willful statement of false information for the purpose of receiving state subsidized child care services will result in termination of services and is an offense punishable by law. I authorize Children's Home Society of California to contact the clients I have listed below, to verify information as necessary.

Parent's Signature: _____ Date: _____

ATTENTION PARENT / GUARDIAN:

Please attach additional pages as necessary to provide information regarding additional clients.

Name of Client (Individual Receiving Services): _____ Phone: _____
 Address: _____ Contact Hours: _____
 Email of Employer/Contractor (optional): _____
 Rate of Pay: _____ per (check one): Hour Day Week Month Job/Event
Scheduled days and hours (complete this section only if the days and hours of work are a set schedule):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:	From:	From:	From:	From:	From:	From:
To	To:	To:	To:	To:	To:	To:

Variable Schedule (complete this section only if the days and hours of work vary):
 Number of hours worked per week- Minimum: _____ Maximum: _____ In-between hours: _____
 Days work may be scheduled (include overtime): Sun Mon Tue Wed Thu Fri Sat

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To	To:	To:	To:	To:	To:	To:

Variable Schedule (complete this section only if the days and hours of work vary):
 Number of hours worked per week- Minimum: _____ Maximum: _____ In-between hours: _____
 Days work may be scheduled (include overtime): Sun Mon Tue Wed Thu Fri Sat

CHS Office Use Only:
 Check One: Primary Secondary Other: _____
 Staff Initials: _____
 Notes: _____