

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

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

FOR CHS OFFICE USE ONLY:

Primary Parent Secondary Parent

Verified By (Name/ Title): _____

Verified with: _____ Date: _____

Verified via: _____

Notes: _____

Staff Signature: _____ Date: _____