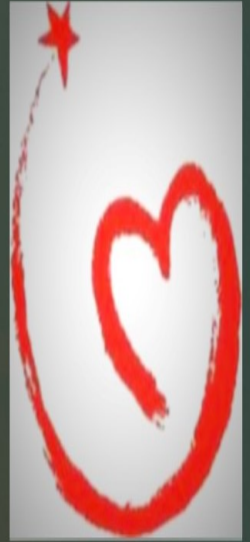
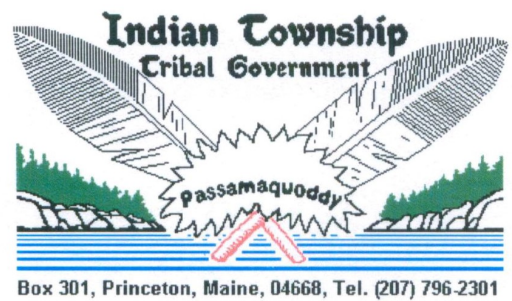


**INDIAN TOWNSHIP- CCDF/CCDBG
CHILDCARE + DEVELOPMENT PROGRAM**



EVERY CHILD MATTERS





Indian Township Child Care-CCDF/CCDBG Certificate Program

SELF EMPLOYMENT DECLARATION OF INCOME

This form is only to be used when there is no previous year's Federal tax return filed for your business. Self-employed individuals are required to provide a written best estimate of his/her projected annual income and expenses. Federal tax returns must be submitted when received.

I _____ Declare as follows:

That I reside at _____ in the County of _____

I have been self-employed as a _____ Since _____

I am estimated to earn _____

(Annually)

I hereby certify that the information provided is true and complete to the best of my knowledge I understand that providing false or misleading information is fraud.

I understand that Child Care fraud is the intentional withholding or falsification of information or misuse of child care services. I understand that I must report any changes related to my employment or other changes affecting my eligibility within 10 calendar days of the change.

Declared by _____

First and Last Name

Signature

Date _____

ITCC SELF-EMPLOYMENT STATEMENT- W/DOCUMENTS



Indian Township Child Care-CCDF/CCDBG Certificate Program

APPLICANT NAME: _____

DATE: _____

Business Name _____

Business Address _____

Date Business Opened _____

Have operations been continuous? Yes ☐ No ☐

Type of Business _____

I, _____, do hereby certify that I am self-employed and that for the most current tax year _____, my net earnings were \$ _____. I hereby attach copies of my individual federal income tax returns for the calendar year immediately proceeding the date referenced at the bottom of this form. I anticipate my annual earnings for the next calendar year to be \$ _____.

Check all that apply:

- ☐ Previous year's tax return (Certified Form 1040)
- ☐ Financial statements
- ☐ Pay stubs, receipts

Comments:

I hereby certify that the information provided is true and complete to the best of my knowledge I understand that providing false or misleading information is fraud.

I understand that Child Care fraud is the intentional withholding or falsification of information or misuse of child care services. I understand that I must report any changes related to my employment or other changes affecting my eligibility within 10 calendar days of the change.

SIGNATURE OF APPLICANT

DATE

ITCC SELF-EMPLOYMENT STATEMENT- W/DOCUMENTS



Work From Home Employment Form

Indian Township Child Care-CCDF/CCDBG Certificate Program

Important: Please complete the entire form, incomplete forms will not be accepted.

Parent/Guardian Name:	Phone Number	Email Address
Employer Name:	Employer Phone Number	Email Address

Physical and Mailing Address	Employer Mailing Address

Days and Hours Worked: On each day worked, write in the start and end times.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Average number of hours/day	Maximum number of hours/day	Average number of hours/week	Maximum number of hours/week

Write the specific tasks/duties you perform at work: (What services do you provide, etc.)

State specifically why you are unable to care for your child(ren) during your work hours:

Date you began working from home: _____



Work From Home Employment Form

Indian Township Child Care-CCDF/CCDBG Certificate Program

Acknowledgments:

I affirm that to the best of my knowledge and belief the information on this form is true and correct.

I understand that the information contained herein and on my application for service is subject to auditing by ITCC and Tribal Government review at any time.

I understand that Child Care fraud is the intentional withholding or falsification of information or misuse of child care services. I understand that I must report any changes related to my employment or other changes affecting my eligibility within 10 calendar days of the change. Failure to meet this reporting requirement may be considered fraud and may result in the following:

- 1) Repayment of child care benefits which I received but for which I was not eligible;**
- 2) Suspension of Subsidy**
- 3) Termination or denial of child care benefits;**

Signature of Person completing the form

Print Name

Date

ITCC SCHOOL/PROGRAM ENROLLMENT VERIFICATION FOR CHILD CARE SUBSIDY- CCDF/CCDBG

(RELEASE OF INFORMATION)



Applicant, you are to fill in the top portion, TO, RE, your Social Security# and Student I.D. # only, have the school/program representative fill out the bottom half of this form sign and return with your application.

To: _____
(Representative name)

Student I.D.# _____

School/Program: _____

(Mailing Address) _____

Phone: _____

Fax: _____

(City, State Zip) _____

Email Address: _____
(Representative Email)

RE: _____
(Applicant)

Dear School/Program Representative,

This form serves as an official document to collect the below information for the above named participant, as part of the required information needed for eligibility into our program. This information will assist us in matching reported information from the applicant and to help prevent fraud.

Applicants start Date: _____ Graduation/Completion Date: _____
(Expected)

The student is enrolled in: Full time Part time Does this student attend in person or on-line

What is the students schedule? (*Please specify # of hours per day*)

Sun/ _____ Mon/ _____ Tues/ _____ Wed / _____ Thurs/ _____ Fri / _____ Sat/ _____ Total hours: _____

(*Please submit a current school enrollment schedule or registration with this form-if available.)

Representative Signature: _____ Title: _____ Date: _____

ITCC EMPLOYMENT JOB SEARCH LOG

Name: _____ Phone#: _____ Email: _____

Signature: _____ Week of: _____

ITCC offers subsidy assistance to parents/guardians who are currently unemployed seeking employment on a temporary basis. We will cover max 20 hours a week for up to three months. Please complete this ten day log and submit it to our dept bi-weekly. This log is also a tool to help you stay organized in your job search process. If you need additional copies of this log, they can be found on our website or you can contact us at ccdf.itccpass.com or call us at (207) 796-6110.

Prospective Employer & Address	Contact Person & Title	Contact Phone Number	Employer Website	Position Sought (include position number if applicable)	Date Applied

***If you are approve for unemployment please attach proof of weekly unemployment payments Bi-weekly.**