

SELF-EMPLOYMENT SCHEDULE OF CARE

Parent/Caretaker Name	PELICAN Co/Rec	Self-Employment Begin Date	Number of Hours of Care per Week the P/C is Eligible

<p>WEEK ONE: Dates: _____</p> <p>Monday from _____</p> <p>Tuesday from _____</p> <p>Wednesday from _____</p> <p>Thursday from _____</p> <p>Friday from _____</p> <p>Saturday from _____</p> <p>Sunday from _____</p>	<p>WEEK TWO: Dates: _____</p> <p>Monday from _____</p> <p>Tuesday from _____</p> <p>Wednesday from _____</p> <p>Thursday from _____</p> <p>Friday from _____</p> <p>Saturday from _____</p> <p>Sunday from _____</p>
<p>WEEK THREE: Dates: _____</p> <p>Monday from _____</p> <p>Tuesday from _____</p> <p>Wednesday from _____</p> <p>Thursday from _____</p> <p>Friday from _____</p> <p>Saturday from _____</p> <p>Sunday from _____</p>	<p>WEEK FOUR: Dates: _____</p> <p>Monday from _____</p> <p>Tuesday from _____</p> <p>Wednesday from _____</p> <p>Thursday from _____</p> <p>Friday from _____</p> <p>Saturday from _____</p> <p>Sunday from _____</p>

I affirm that I have read or had this statement read to me in full and that all information I have given is true, correct and complete to the best of my ability, knowledge and belief. I understand that my statement is made subject to 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and I can be penalized by fine, imprisonment or subsidized child care ineligibility for making any false statements that may affect my eligibility status. I understand that if I receive subsidized child care for which I was not eligible, I will be required to pay back the cost of child care I received in error.

X _____
Parent/Caretaker Signature

X _____
Date