## SELF-EMPLOYMENT SCHEDULE OF CARE

Parent/Caretaker Name PELICAN Co/Rec So		Self-Employment	elf-Employment Begin Date		Number of Hours of Care per Week the P/C is Eligible	
WEEK ONE: Dates:		WEEK TWO:	Dates:			
Monday from		Monday	from		_	
Tuesday from		Tuesday	from		_	
Wednesday from		Wednesday	from		_	
Thursday from		Thursday	from		_	
Friday from		Friday	from		_	
Saturday from		Saturday	from		_	
Sunday from		Sunday	from		_	
WEEK THREE: Dates:		WEEK FOUR:	Dates:			
Monday from		Monday	from		_	
Tuesday from		Tuesday	from		_	
Wednesday from		Wednesday	from		_	
Thursday from		Thursday	from		_	
Friday from		Friday	from		_	
Saturday from		Saturday	from		_	
Sunday from		Sunday	from		-	
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.						
XParen		X Date				