



## SELF-EMPLOYMENT VERIFICATION FORM

### I. WORK CONTACT INFORMATION

Owner: \_\_\_\_\_ Name and Business Type: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

### II. WORK SCHEDULE (Please fill in the shift, days and hours below)

**Schedule Effective Date:** \_\_\_\_\_

Check this box if you do not have a set schedule and provide a sample of your daily estimated shifts below.

DAYS WORKING	TIME IN	LUNCH	TIME OUT	HOURS PER DAY
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

### III. WORK ENVIRONMENT

A. Are you working in your home or on the premises of your home?  Yes  No

B. Does this work preclude your ability to care for your children while you are working?

Yes  No

If yes, please list the specific child care needs of each child: \_\_\_\_\_  
 \_\_\_\_\_

The above information pertains to your eligibility for PACEAPP services and is subject to review and verification by representatives of the State of California and PACEAPP staff.

I declare under penalty of perjury under the laws of the State of California that the information that I have given on this form is true, correct and accurate.

\_\_\_\_\_  
 Self-Employed Client (Print)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Self-Employed Client Signature

\_\_\_\_\_  
 Date

**ADMINISTRATIVE USE ONLY:**

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

The days and hours of employment as stated by the parent appear to be reasonable according to the description of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_