



## VERIFICATION OF SEEKING

Date: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Seeking Information:**

Type:  Employment (limit 60 day period per fiscal year)

Permanent Housing (limit 60 day period per fiscal year)

Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please complete seeking schedule below (*days shall not exceed 5 per week and hours shall not exceed 29.75 per week*):

Seeking Schedule			
Day	Start Time	End Time	Total Hours
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Plan to secure employment/housing: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify under penalty of perjury that the information I have provided is a true and accurate representation of my seeking needs.

\_\_\_\_\_ \_\_\_\_\_

*Print Parent Name* *Date*

\_\_\_\_\_

*Parent Signature*

