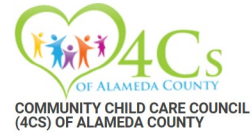


Self-Certification Form



Name of Parent/Guardian: _____ Phone: _____

Address: _____ City/State/Zip: _____

Email Address: _____

Name of Child: _____ Male Female School: _____ Grade: _____

Name of Child: _____ Male Female School: _____ Grade: _____

Name of Child: _____ Male Female School: _____ Grade: _____

Name of Child: _____ Male Female School: _____ Grade: _____

FULL-TIME CHILD CARE HOURS	PART-TIME CHILD CARE HOURS
<p>You are eligible for full-time care up to 52.5 hours per week including travel time.</p> <p>Please indicate the Full-Time child care hours needed below:</p> <p>Sun: _____ to _____</p> <p>Mon: _____ to _____</p> <p>Tues: _____ to _____</p> <p>Wed: _____ to _____</p> <p>Thurs: _____ to _____</p> <p>Fri: _____ to _____</p> <p>Sat: _____ to _____</p>	<p>At this time, I will not use full-time care. I understand I can change my child's schedule by contacting my Child Care Specialist.</p> <p>Please indicate the Part-Time child care hours needed below:</p> <p>Sun: _____ to _____</p> <p>Mon: _____ to _____</p> <p>Tues: _____ to _____</p> <p>Wed: _____ to _____</p> <p>Thurs: _____ to _____</p> <p>Fri: _____ to _____</p> <p>Sat: _____ to _____</p>

- For Welfare to Work (WTW) sanctioned parents only:*** – WTW sanctioned participants who indicate an intent to cure their sanction are eligible to receive services immediately and continuous child care for 12 months. I've initiated the curing process by completing the following:
- Contacted my Social Service Agency (SSA) – Employment Counselor OR
 - Submitted a completed WTW 31, Requested to Meet WTW Rules to get my Cash Aid Back to SSA OR
 - Call general SSA number and leave a message to indicate an intent to cure sanction **(510) 670-6225**

Please indicate your reason for requesting child care services:

For Two-Parent Families: – Please indicate the second parent's reason for requesting child care services.

Families must report their income if it exceeds the income guidelines listed below:

Family Size	1 or 2	3	4	5	6	7	8	9	10	11	12
Monthly Income	\$6,128	\$6,931	\$8,025	\$9,309	\$10,593	\$10,834	\$11,074	\$11,315	\$11,556	\$11,797	\$12,037

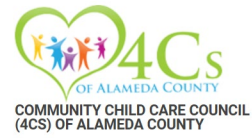
Parent Signature: _____ Date: _____

NOTICE:

CalWORKs Recipients have 30 days to confirm child care has been secured.

After 30 days, participation in early engagement activities is mandatory.

Self-Certification Form



Office Use Only:

Parent Activity/Intention at initial certification:

Employed	Training / School
Seeking Employment	Incapacity
At Risk	CPS
Seeking Housing	

Parent Update for Transfer:

Phone Number:		
Address:		
Employed	Training / School	
Seeking Employment	Incapacity	
At Risk	CPS	
Seeking Housing		