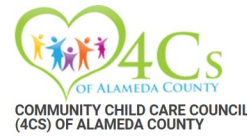


Self-Certification Form



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
You are eligible for full-time care up to 52.5 hours per week including travel time. Please indicate the Full-Time child care hours needed below: Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ to to to to to to to _____ _____ _____ _____ _____ _____ _____	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. Please indicate the Part-Time child care hours needed below: Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ to to to to to to to _____ _____ _____ _____ _____ _____ _____

- ☐ **For Welfare to Work (WTW) sanctioned parents only:** – WTW sanctioned participants who had been off CalWORKs cash aid for **more than 24 months** & indicate an intent to cure their sanction are eligible to receive services immediately and continuous child care for 24 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	\$7,119	\$8,054	\$9,636	\$11,178	\$12,720	\$13,009	\$13,298	\$13,587	\$13,876	\$14,166	\$14,455

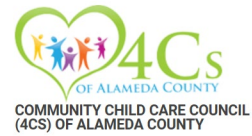
Parent Signature: _____ Date: _____

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		