

FT Self-Certification Form

Parent/Caretaker Name: _____ **PELICAN ID#** _____

Address: _____	Phone: _____	Date: ____/____/____
City: _____ State _____ Zip Code: _____		

PLEASE LIST ALL FAMILY MEMBERS BELOW			Immunization Status		
Last Name	First Name	DOB	Yes	No	
				Medical	Religious
PARENT 1:				NOT APPLICABLE	
PARENT 2:					
CHILD 1					
CHILD 2					
CHILD 3					
CHILD 4					

Face-to-Face Meeting Time Frame Extension Based Upon P/C's Statement of Hardship

You must complete a face-to-face meeting on or before _____
 Are you requesting an extended time period to come to a face-to-face meeting? Yes No

Reason for extension:	TO BE COMPLETED BY THE ELRC
	Extended to: _____ Face-to-face date: _____ Date of Parent Contact: _____

Need for Care:

Monday	from: ____ AM/PM to: ____ AM/PM	Friday	from: ____ AM/PM to: ____ AM/PM	TO BE COMPLETED BY THE ELRC
Tuesday	from: ____ AM/PM to: ____ AM/PM	Saturday	from: ____ AM/PM to: ____ AM/PM	
Wednesday	from: ____ AM/PM to: ____ AM/PM	Sunday	from: ____ AM/PM to: ____ AM/PM	
Thursday	from: ____ AM/PM to: ____ AM/PM			
				Total # of Hours on AMR: _____

Information	If there are CHANGES to the information on the form: Note the changes directly on the form.
Employment Income (Including Self-Employment)	
Unearned Income	
Residence	
Work, Education and Training	
Family Size and Composition	
Transfer of TANF Benefits (Within PA or from Another State)	
Information Received from CAO When Transfer from CAO to ELRC	

EMPLOYMENT SCHEDULE (Please indicate the days and hours the employee works and indicate whether the hours occur during A.M. or P.M.) **NOTE:** If the schedule varies, please give a four-week sample schedule.

WEEK ONE: DATES: From ____/____/____ TO: ____/____/____			WEEK TWO: DATES: From ____/____/____ TO: ____/____/____		
Monday	from: _____ AM/PM	to: _____ AM/PM	Monday	from: _____ AM/PM	to: _____ AM/PM
Tuesday	from: _____ AM/PM	to: _____ AM/PM	Tuesday	from: _____ AM/PM	to: _____ AM/PM
Wednesday	from: _____ AM/PM	to: _____ AM/PM	Wednesday	from: _____ AM/PM	to: _____ AM/PM
Thursday	from: _____ AM/PM	to: _____ AM/PM	Thursday	from: _____ AM/PM	to: _____ AM/PM
Friday	from: _____ AM/PM	to: _____ AM/PM	Friday	from: _____ AM/PM	to: _____ AM/PM
Saturday	from: _____ AM/PM	to: _____ AM/PM	Saturday	from: _____ AM/PM	to: _____ AM/PM
Sunday	from: _____ AM/PM	to: _____ AM/PM	Sunday	from: _____ AM/PM	to: _____ AM/PM
WEEK THREE: DATES: From ____/____/____ TO: ____/____/____			WEEK FOUR: DATES: From ____/____/____ TO: ____/____/____		
Monday	from: _____ AM/PM	to: _____ AM/PM	Monday	from: _____ AM/PM	to: _____ AM/PM
Tuesday	from: _____ AM/PM	to: _____ AM/PM	Tuesday	from: _____ AM/PM	to: _____ AM/PM
Wednesday	from: _____ AM/PM	to: _____ AM/PM	Wednesday	from: _____ AM/PM	to: _____ AM/PM
Thursday	from: _____ AM/PM	to: _____ AM/PM	Thursday	from: _____ AM/PM	to: _____ AM/PM
Friday	from: _____ AM/PM	to: _____ AM/PM	Friday	from: _____ AM/PM	to: _____ AM/PM
Saturday	from: _____ AM/PM	to: _____ AM/PM	Saturday	from: _____ AM/PM	to: _____ AM/PM
Sunday	from: _____ AM/PM	to: _____ AM/PM	Sunday	from: _____ AM/PM	to: _____ AM/PM

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.

Parent/Caretaker Signature

ELRC Staff Signature

Date