

SELF-EMPLOYMENT SCHEDULE OF CARE

| Parent/Caretaker Name | PELICAN Co/Rec | Self-Employment Begin Date | Number of Hours of Care per Week the P/C is Eligible |
|-----------------------|----------------|----------------------------|--|
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|---|--|
| <p>WEEK ONE: Dates: _____ thru _____</p> <p>Monday from _____ AM/PM to _____ AM/PM</p> <p>Tuesday from _____ AM/PM to _____ AM/PM</p> <p>Wednesday from _____ AM/PM to _____ AM/PM</p> <p>Thursday from _____ AM/PM to _____ AM/PM</p> <p>Friday from _____ AM/PM to _____ AM/PM</p> <p>Saturday from _____ AM/PM to _____ AM/PM</p> <p>Sunday from _____ AM/PM to _____ AM/PM</p> | <p>WEEK TWO: Dates: _____ thru _____</p> <p>Monday from _____ AM/PM to _____ AM/PM</p> <p>Tuesday from _____ AM/PM to _____ AM/PM</p> <p>Wednesday from _____ AM/PM to _____ AM/PM</p> <p>Thursday from _____ AM/PM to _____ AM/PM</p> <p>Friday from _____ AM/PM to _____ AM/PM</p> <p>Saturday from _____ AM/PM to _____ AM/PM</p> <p>Sunday from _____ AM/PM to _____ AM/PM</p> |
| <p>WEEK THREE: Dates: _____ thru _____</p> <p>Monday from _____ AM/PM to _____ AM/PM</p> <p>Tuesday from _____ AM/PM to _____ AM/PM</p> <p>Wednesday from _____ AM/PM to _____ AM/PM</p> <p>Thursday from _____ AM/PM to _____ AM/PM</p> <p>Friday from _____ AM/PM to _____ AM/PM</p> <p>Saturday from _____ AM/PM to _____ AM/PM</p> <p>Sunday from _____ AM/PM to _____ AM/PM</p> | <p>WEEK FOUR: Dates: _____ thru _____</p> <p>Monday from _____ AM/PM to _____ AM/PM</p> <p>Tuesday from _____ AM/PM to _____ AM/PM</p> <p>Wednesday from _____ AM/PM to _____ AM/PM</p> <p>Thursday from _____ AM/PM to _____ AM/PM</p> <p>Friday from _____ AM/PM to _____ AM/PM</p> <p>Saturday from _____ AM/PM to _____ AM/PM</p> <p>Sunday from _____ AM/PM to _____ AM/PM</p> |

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.

X _____
Parent/Caretaker Signature

X _____
 Date