

## 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

<p><b>WEEK ONE:</b> 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><b>WEEK TWO:</b> 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><b>WEEK THREE:</b> 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><b>WEEK FOUR:</b> 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**