



Orange County Department of Education
Business Services
FAMILY SUPPORT SERVICES
Tel. (714) 708-3860 • Fax (714) 708-2916

Mailing Address

Family Support Services
P.O. Box 9050
Costa Mesa, CA 92628-9050

DECLARATION OF SELF-EMPLOYMENT / INDEPENDENT CONTRACTOR

In order to comply with State regulations, a self-employed person is required to submit verification of income to determine eligibility. Complete this form and sign the declaration below.

Parent Name: _____

Child Name(s): _____

Name of Business: _____

Type of Work: _____

Business Address: _____

Telephone: _____ Fax: _____ Email: _____

My Work Schedule is best described as: **(Check Only One Type)**

I work occasionally on an as needed basis. **(Variable Schedule)**

I work consistently, however my days and/or hours may change week to week. **(Fluctuating Schedule)**

My usual schedule is a maximum of _____ hours per day for a maximum of _____ hours per week.

Number of Days per week: ____ I work set days Yes No (if yes, circle days)
Sun Mon Tues Wed Thurs Fri Sat

I work the same schedule every week. **(Set Schedule)** As shown below. (Example 8:00a-5:00p)

MON	TUES	WED	THURS	FRI	SAT	SUN

I declare under penalty of perjury that the information regarding my self-employment is true and correct. I understand that any fraudulent, false, incomplete, deceitful, or misleading information provided to Orange County Department of Education Family Support Services may be grounds for disenrollment from child care services. I certify that the information contained on this form is accurate and correct.

Parent Signature: _____ Date: _____

Attach any documentation below to support proof of self-employment. (Check Items Submitted)					
<input type="checkbox"/>	Business License	<input type="checkbox"/>	Tax Return	<input type="checkbox"/>	Invoice for Services or Products Sold
<input type="checkbox"/>	Office Rental/Lease Agreement	<input type="checkbox"/>	1099 Tax Form	<input type="checkbox"/>	Income Certification/Self Declaration
<input type="checkbox"/>	Advertisement/Flyers for Business	<input type="checkbox"/>	Independent Contractor Agreement	<input type="checkbox"/>	Self-Employment Business Expenses
<input type="checkbox"/>	Business Card	<input type="checkbox"/>	Profit & Loss Statement for Taxes	<input type="checkbox"/>	Receipts for Expenses
<input type="checkbox"/>	Business Bank Statement	<input type="checkbox"/>	Resale License	<input type="checkbox"/>	Other:

FOR OCDE FSS USE ONLY	
Reasonableness of Assertion <input type="checkbox"/> Yes <input type="checkbox"/> No	FST Initials: _____ FSS Initials: _____