



Child Care Scholarship Program

SELF-EMPLOYMENT VERIFICATION PACKET INSTRUCTIONS

New Applicants—Families not currently on the program.

- Please submit a self-employment packet for your most recent 8 weeks' worth of income based on the date that you submit your Child Care Scholarship application at the Smart Start office.
- If you are opening a new business / have recently become an independent contractor, you may apply for the program once you can submit a self-employment packet for your most recent 4 weeks' worth of income. We ask that you collect income documentation for at least 4 weeks so that we will have a basis on which to determine your eligibility for the program. If you are eligible, we will calculate your parent fee based on the most recent 4 weeks' worth of income documentation submitted with your application.
- At the end of the next 4 weeks, we will request your self-employment packet again to reverify your eligibility for the program. If you remain eligible, we will recalculate your parent fee based on your current income.
- The state requires us to have income documentation on file for a total of 8 weeks.

Scholarship Recipients—Families currently on the Child Care Scholarship program.

- Per the terms of your Child Care Scholarship contract, please report your income change to the Smart Start office within 5 business of opening your new business / becoming an independent contractor.
- We will give you a self-employment packet at that time.
- At the end of 4 weeks, we will request your self-employment packet to reverify your eligibility for the program. If you remain eligible, we will recalculate your parent fee based on your current income.
- At the end of the next 4 weeks, we will request your self-employment packet again to reverify your eligibility for the program. If you remain eligible, we will recalculate your parent fee based on your current income.
- We require income documentation on file for a total of 8 weeks each time an income change is reported. We are a state-funded agency and accurate income documentation is vital to your receipt of state funding for child care assistance.



Child Care Scholarship Program

SELF-EMPLOYMENT PACKET—SECTION 1—BUSINESS DOCUMENTATION

Business Name: _____

Owner Name(s): _____

Business Tax ID Number or Website/Facebook Page:

*If you prefer to keep your tax ID private, please provide a business card for the business OR provide a website or a Facebook page where your business is advertised OR submit a copy of your most recent income tax return. Independent contractors working for a food delivery service (Shipt, Door Dash, Instacart, etc) may provide a screenshot of their listing on the company's app.

Please describe your business (types of services, etc...)

Please initial each of the following statements, sign, and date below.

_____ I understand that I am required to fill out a self-employment packet and keep receipts for each month that I am on the Child Care Scholarship program. Child Care Scholarship staff will request my self-employment packet at renewal time and upon request during the program year.

_____ My signature below confirms that all information recorded on this self-employment packet of my self-employment income, hours worked, and expenses is true, complete, and accurate for the period shown.

Parent/Guardian Signature

Date



WEEK #1—SELF-EMPLOYMENT PACKET----SECTION 2----HOURS & INCOME

Parent Name: _____

Business Name: _____

WEEK #1—HOURS WORKED

- Please total and record the amount of time you worked each day this week.
- You must work an average of at least 20 hours per week in order to qualify for assistance.
- If you are an independent contractor with a food delivery service (Shipt, Door Dash, Instacart, etc), please only record your **active time** worked.

Day 1—Date: _____ Total Hours Worked: _____
 Day 2—Date: _____ Total Hours Worked: _____
 Day 3—Date: _____ Total Hours Worked: _____
 Day 4—Date: _____ Total Hours Worked: _____
 Day 5—Date: _____ Total Hours Worked: _____
 Day 6—Date: _____ Total Hours Worked: _____
 Day 7—Date: _____ Total Hours Worked: _____

WEEK #1—INCOME

- Please list ALL income received this week from your self-employed job/business including base pay, tips, etc.
- Income must calculate to minimum wage or greater in order to qualify for assistance.

Date	Amount	Source: Name of Customer	Description of Service

If more space is needed, please make copies of page 11, “Income Continued,” and attach to this page.

My signature below confirms that all information recorded on this self-employment packet of my self-employment income, hours worked, and expenses is true, complete, and accurate for the period shown.

Parent/Guardian Signature

Date



WEEK #2—SELF-EMPLOYMENT PACKET----SECTION 2----HOURS & INCOME

Parent Name: _____

Business Name: _____

WEEK #2—HOURS WORKED

- Please total and record the amount of time you worked each day this week.
- You must work an average of at least 20 hours per week in order to qualify for assistance.
- If you are an independent contractor with a food delivery service (Shipt, Door Dash, Instacart, etc), please only record your **active time** worked.

Day 1—Date: _____ Total Hours Worked: _____
 Day 2—Date: _____ Total Hours Worked: _____
 Day 3—Date: _____ Total Hours Worked: _____
 Day 4—Date: _____ Total Hours Worked: _____
 Day 5—Date: _____ Total Hours Worked: _____
 Day 6—Date: _____ Total Hours Worked: _____
 Day 7—Date: _____ Total Hours Worked: _____

WEEK #2—INCOME

- Please list **ALL** income received this week from your self-employed job/business including base pay, tips, etc.
- Income must calculate to minimum wage or greater in order to qualify for assistance.

Date	Amount	Source: Name of Customer	Description of Service

If more space is needed, please make copies of page 11, “Income Continued,” and attach to this page.

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 Parent/Guardian Signature

 Date



WEEK #3—SELF-EMPLOYMENT PACKET----SECTION 2----HOURS & INCOME

Parent Name: _____

Business Name: _____

WEEK #3—HOURS WORKED

- Please total and record the amount of time you worked each day this week.
- You must work an average of at least 20 hours per week in order to qualify for assistance.
- If you are an independent contractor with a food delivery service (Shipt, Door Dash, Instacart, etc), please only record your **active time** worked.

Day 1—Date: _____ Total Hours Worked: _____
 Day 2—Date: _____ Total Hours Worked: _____
 Day 3—Date: _____ Total Hours Worked: _____
 Day 4—Date: _____ Total Hours Worked: _____
 Day 5—Date: _____ Total Hours Worked: _____
 Day 6—Date: _____ Total Hours Worked: _____
 Day 7—Date: _____ Total Hours Worked: _____

WEEK #3—INCOME

- Please list ALL income received this week from your self-employed job/business including base pay, tips, etc.
- Income must calculate to minimum wage or greater in order to qualify for assistance.

Date	Amount	Source: Name of Customer	Description of Service

If more space is needed, please make copies of page 11, “Income Continued,” and attach to this page.

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Parent/Guardian Signature

Date



WEEK #4—SELF-EMPLOYMENT PACKET----SECTION 2----HOURS & INCOME

Parent Name: _____

Business Name: _____

WEEK #4—HOURS WORKED

- Please total and record the amount of time you worked each day this week.
- You must work an average of at least 20 hours per week in order to qualify for assistance.
- If you are an independent contractor with a food delivery service (Shipt, Door Dash, Instacart, etc), please only record your **active time** worked.

Day 1—Date: _____ Total Hours Worked: _____
 Day 2—Date: _____ Total Hours Worked: _____
 Day 3—Date: _____ Total Hours Worked: _____
 Day 4—Date: _____ Total Hours Worked: _____
 Day 5—Date: _____ Total Hours Worked: _____
 Day 6—Date: _____ Total Hours Worked: _____
 Day 7—Date: _____ Total Hours Worked: _____

WEEK #4—INCOME

- Please list ALL income received this week from your self-employed job/business including base pay, tips, etc.
- Income must calculate to minimum wage or greater in order to qualify for assistance.

Date	Amount	Source: Name of Customer	Description of Service

If more space is needed, please make copies of page 11, “Income Continued,” and attach to this page.

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Parent/Guardian Signature

Date



WEEK #5—SELF-EMPLOYMENT PACKET----SECTION 2----HOURS & INCOME

Parent Name: _____

Business Name: _____

WEEK #5—HOURS WORKED

- Please total and record the amount of time you worked each day this week.
- You must work an average of at least 20 hours per week in order to qualify for assistance.
- If you are an independent contractor with a food delivery service (Shipt, Door Dash, Instacart, etc), please only record your **active time** worked.

Day 1—Date: _____ Total Hours Worked: _____
 Day 2—Date: _____ Total Hours Worked: _____
 Day 3—Date: _____ Total Hours Worked: _____
 Day 4—Date: _____ Total Hours Worked: _____
 Day 5—Date: _____ Total Hours Worked: _____
 Day 6—Date: _____ Total Hours Worked: _____
 Day 7—Date: _____ Total Hours Worked: _____

WEEK #5—INCOME

- Please list ALL income received this week from your self-employed job/business including base pay, tips, etc.
- Income must calculate to minimum wage or greater in order to qualify for assistance.

Date	Amount	Source: Name of Customer	Description of Service

If more space is needed, please make copies of page 11, “Income Continued,” and attach to this page.

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Parent/Guardian Signature

Date



WEEK #6—SELF-EMPLOYMENT PACKET----SECTION 2----HOURS & INCOME

Parent Name: _____

Business Name: _____

WEEK #6—HOURS WORKED

- Please total and record the amount of time you worked each day this week.
- You must work an average of at least 20 hours per week in order to qualify for assistance.
- If you are an independent contractor with a food delivery service (Shipt, Door Dash, Instacart, etc), please only record your **active time** worked.

Day 1—Date: _____ Total Hours Worked: _____
 Day 2—Date: _____ Total Hours Worked: _____
 Day 3—Date: _____ Total Hours Worked: _____
 Day 4—Date: _____ Total Hours Worked: _____
 Day 5—Date: _____ Total Hours Worked: _____
 Day 6—Date: _____ Total Hours Worked: _____
 Day 7—Date: _____ Total Hours Worked: _____

WEEK #6—INCOME

- Please list ALL income received this week from your self-employed job/business including base pay, tips, etc.
- Income must calculate to minimum wage or greater in order to qualify for assistance.

Date	Amount	Source: Name of Customer	Description of Service

If more space is needed, please make copies of page 11, “Income Continued,” and attach to this page.

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Parent/Guardian Signature

Date



WEEK #7—SELF-EMPLOYMENT PACKET----SECTION 2----HOURS & INCOME

Parent Name: _____

Business Name: _____

WEEK #7--HOURS WORKED

- Please total and record the amount of time you worked each day this week.
- You must work an average of at least 20 hours per week in order to qualify for assistance.
- If you are an independent contractor with a food delivery service (Shipt, Door Dash, Instacart, etc), please only record your **active time** worked.

Day 1—Date: _____ Total Hours Worked: _____
 Day 2—Date: _____ Total Hours Worked: _____
 Day 3—Date: _____ Total Hours Worked: _____
 Day 4—Date: _____ Total Hours Worked: _____
 Day 5—Date: _____ Total Hours Worked: _____
 Day 6—Date: _____ Total Hours Worked: _____
 Day 7—Date: _____ Total Hours Worked: _____

WEEK #7—INCOME

- Please list ALL income received this week from your self-employed job/business including base pay, tips, etc.
- Income must calculate to minimum wage or greater in order to qualify for assistance.

Date	Amount	Source: Name of Customer	Description of Service

If more space is needed, please make copies of page 11, “Income Continued,” and attach to this page.

My signature below confirms that all information recorded on this self-employment packet of my self-employment income, hours worked, and expenses is true, complete, and accurate for the period shown.

Parent/Guardian Signature

Date



WEEK #8—SELF-EMPLOYMENT PACKET----SECTION 2----HOURS & INCOME

Parent Name: _____

Business Name: _____

WEEK #8—HOURS WORKED

- Please total and record the amount of time you worked each day this week.
- You must work an average of at least 20 hours per week in order to qualify for assistance.
- If you are an independent contractor with a food delivery service (Shipt, Door Dash, Instacart, etc), please only record your **active time** worked.

Day 1—Date: _____ Total Hours Worked: _____
 Day 2—Date: _____ Total Hours Worked: _____
 Day 3—Date: _____ Total Hours Worked: _____
 Day 4—Date: _____ Total Hours Worked: _____
 Day 5—Date: _____ Total Hours Worked: _____
 Day 6—Date: _____ Total Hours Worked: _____
 Day 7—Date: _____ Total Hours Worked: _____

WEEK #8—INCOME

- Please list ALL income received this week from your self-employed job/business including base pay, tips, etc.
- Income must calculate to minimum wage or greater in order to qualify for assistance.

Date	Amount	Source: Name of Customer	Description of Service

If more space is needed, please make copies of page 11, “Income Continued,” and attach to this page.

My signature below confirms that all information recorded on this self-employment packet of my self-employment income, hours worked, and expenses is true, complete, and accurate for the period shown.

Parent/Guardian Signature

Date



SELF-EMPLOYMENT PACKET--SECTION 2--INCOME CONTINUED

Parent Name: _____

Business Name: _____

WEEK # _____ INCOME CONTINUED

- Please list ALL income received this week from your self-employed job/business including base pay, tips, etc.
- Income must calculate to minimum wage or greater in order to qualify for assistance.

Date	Amount	Source: Name of Customer	Description of Service

My signature below confirms that all information recorded on this self-employment packet of my self-employment income, hours worked, and expenses is true, complete, and accurate for the period shown.

Parent/Guardian Signature

Date



SELF-EMPLOYMENT PACKET-----SECTION 3-----BUSINESS EXPENSES

- If you would like to claim/deduct business expenses from your self-employment income, please list your expenses below.
- Copies of billing statements / proof of payment must be attached.

Parent Name: _____

Business Name: _____

Date	Amount	Type of Expense	Source (Name of Company Purchased From)

If more space is needed, please make copies of the next page and record as needed.

My signature below confirms that all information recorded on this self-employment packet of my self-employment income, hours worked, and expenses is true, complete, and accurate for the period shown.

Parent/Guardian Signature

Date



SELF-EMPLOYMENT PACKET----SECTION 3----BUSINESS EXPENSES CONT'D

- If you would like to claim/deduct business expenses from your self-employment income, please list your expenses below.
- Copies of billing statements / proof of payment must be attached.

Parent Name: _____

Business Name: _____

Date	Amount	Type of Expense	Source (Name of Company Purchased From)

My signature below confirms that all information recorded on this self-employment packet of my self-employment income, hours worked, and expenses is true, complete, and accurate for the period shown.

Parent/Guardian Signature

Date