

Child Care Financial Assistance Program Seeking Employment Plan

Please fill this form out and mail to:

Seeking Employment may be authorized for up to 12 weeks (3 months)
for an income eligible parent/caretaker.

Parent/Guardian Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip code: _____

I plan to use the following sources to find employment:

- Newspaper In-person interview with employer Phone Calls
 Sending Resumes Economic Services Division (ESD) Department of Labor (DOL)
 I would like a referral to a job placement agency/temporary employment agency
 Other - please explain _____

I would like to use the following days to search for employment:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

I will be using 25 hours or less, or 25 - 50 hours of child care during this time.

Start date: _____ Provider ID # _____ Provider Phone # _____

Provider name: _____

Address: _____

I understand that I must report any changes in my employment status immediately. If I find work, I will report my job status and income to my eligibility specialist. I will provide my eligibility specialist with a written statement from my new employer. The statement will include when my employment began, weekly work schedule (days and hours to be worked), and hourly/weekly gross wage. I understand that I could be subjected to prosecution for fraud if I do not report changes, or provide incorrect or misleading information.

Signature: _____ Date: _____

If you have questions about this form, please contact your
eligibility specialist at:

