

# 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:

