

Family ID# _____

Family Services Associate: _____



1225 Gill Ave Madera, CA 93637 Phone (559)661-0779 Fax: (559)661-0764

Verification of Seeking

Child care services for seeking employment/housing allows the parent to seek on any day of the week during their certification period.

Type:

- My plan to secure, change, or increase **employment.**
- My plan to secure **permanent housing.**

Services will be based on stated need with no more than **5** days per week, less than **6** hours a day and less than **30** hours per week, **overall the services cannot exceed part-time care.** The period of eligibility starts on the day authorized by CAPMC/APP and will extend for the **consecutive** working days approved until their certification end date (*no less than 12 months*).

Requested Schedule:

Day	Start & End Times
	am/pm to am/pm
	am/pm to am/pm
	am/pm to am/pm
	am/pm to am/pm
	am/pm to am/pm

Start Date: _____

Check if days/hours will vary:

NOTE: The Family Services Associate will review the request & determine the child care schedule.

My plan to secure, change, or increase employment/permanent housing (*Be Specific*):

I, _____ under penalty of perjury of the State of California and County of Madera, do hereby attest that I am seeking employment/housing and the above statement is true and correct.

Signature _____

Date _____

<p>For office use only:</p> <p>Start Date: ____/____/____ End Date: ____/____/____</p>
