CHILD DEVELOPMENT CENTER EAST
1601 S. GORDON COOPER DR., SHAWNEE, OK 74801
PHONE 405-878-4861 FAX 405-395-9038

CHILD DEVELOPMENT CENTER WEST
784 GRAND CASINO BLVD., SHAWNEE, OK 74804
PHONE 405-695-5598 FAX 405-964-4984

SELF-EMPLOYMENT FORM

This form is to record income for self-employment and must be supported with receipts. It is to be used only when other business or tax records are unavailable. This information is confidential and will be used only to determine your eligibility for childcare assistance. It cannot be released without your written consent. However, our agency may contact sources listed on this form to verify the information. Please complete this form as income is received.

I, _____, am providing this written statement of my income
name

from my _____ business for the period
name of business

beginning _____ and ending _____.

INCOME

Date	**Amount**	**Source** (include name and address of customer)

Revised 4/1/2021

Date	**Amount**	**Source** (include name and address of customer)

Total income $ _____ **for the month of** _____**.**

JOB SEARCH ACTIVITY LOG

Name _____ **Week beginning** ____ /____ /____ **and ending** ____ /____ /____

Date	Miles	Name and title of person contacted	Position(s) applied for	Results

HDA/HDR: Hand delivered application/resume **MA/MR:** Mailed application/resume **I:** Interview **P:** Phone call **IP:** In person

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