HUMAN RESPONSE NETWORK
111 Mountain View St. ~ PO Box 2370
Weaverville, CA 96093
www.humanresponsenetwork.org
(530) 623-2024 ~ 1-800-358-5252
24 hrs crisis line (530) 623-HELP
(collect calls ok)

_____

Parent Name

TIME AND INCOME STATEMENT

SELF-EMPLOYMENT FOR THE MONTH OF _____

Please list the time spent and income received from jobs daily during the above month for your business.

DATE	TIME IN	TIME OUT	TYPE OF WORK	CUSTOMER NAME ADDRESS/ PH. #	AMOUNT RECEIVED

Total hours worked:_____ Montly total $_____

EXPENSE STATEMENT

SELF-EMPLOYMENT FOR THE MONTH OF _____

Please list the expenses you paid out for your business during the above month.
Receipts may be requested to verify the expenses listed. Business expenses may include the following: Supplies, rent of space, utilities and transportations costs.

DATE	PAID TO	EXPENSE DESCRIPTION	AMOUNT PAID

Monthly total $_____

Time, income and expenses statements are due no later than the 5th of the following month.

I understand that my monthly work schedule will be checked against my child care voucher timesheets. Child care hours used for the month must correspond to my work hours and approved transportation time. Differences between parent's work hours and hours of child care used may be cause to terminate services and will result in billing for unapproved hours.

Two parent households are entitled to subsidized child care only when **BOTH** parents are in an approved activity, such as working, school, training, or seek work. Parents must pay for any child care hours that are used for any non-approved activity (e.g., shopping, etc.).

I certify that under penalty of perjury that the information listed on this form is a an accurate recording of my time, income and expenses for the month stated.

PARENT SIGNATURE _____