

Self-Employment Tracking

Self-Employed Worker's Name: _____ **Month:** _____ **Year:** _____

Instructions: The School Readiness Program requires self-employed workers to prove their earned income. Items such as recent IRS tax returns or business ledgers and accounting books may be used to prove income. However, if these documents are not available income may also be proved using this Self-Employment Tracking Form. The ELCIRMO will only accept forms that are completed correctly. Please note the following: (1) the **payer must** indicate, on a daily basis, the work performed by the self-employed worker; (2) the **payer must** sign the form on a daily basis, certifying the information provided is true and accurate; (3) the ELCIRMO may contact the payer for clarification and verification.

Date	Time In	Time Out	Total # of Hours	Amount Earned	Payer Name	Address	Phone #	Payer Signature - IMPORTANT NOTE: By signing this form, you are stating that the information provided is true and accurate to the best of your knowledge.

I certify that the information I have provided is true and correct. I understand it is against the law to receive School Readiness Services for my child(ren) by giving false information and failing to update pertinent information and if I do so I may and prosecuted under Florida Statute 414.39, Public Assistance Fraud. I understand that I will be required to pay back financial assistance that I wrongly receive for my child(ren).

Self-Employed Worker's Signature: _____ Date: _____

COALITION USE ONLY

Total # of hours worked: _____ Total income earned: \$ _____ Staff Signature: _____ Date: _____



