

## SELF-EMPLOYMENT RESPONSIBILITIES AGREEMENT

I, \_\_\_\_\_, agree to the following conditions while receiving child care assistance benefits. Failure to meet these conditions may result in the termination of my child care benefits and may result in my having to repay any child care benefits I received.

1. I will submit a business ledger listing my income and work-related expenses. I will submit receipts detailing any expenses being declared.
2. I will submit an expected weekly employment schedule that includes approximate employment hours upon beginning self-employment, at application, and at re-determination.
3. I will maintain an average income that exceeds my business expenses.
4. I understand that if child care is provided for my self-employment activity then the taxable gross wages divided by the number of hours worked and receiving child care must equal at least the current federal minimum wage for each month child care benefits are received.
5. I agree that I must complete the redetermination process when it is due, including providing all required documentation.
6. I agree to report and verify within eleven (11) calendar days any changes in my self-employment activity; such as but not limited to:
  - Change in my weekly employment schedule
  - Significant change in my income amounts (greater than \$50 within a month)
  - Not meeting the federal minimum wage requirement

Failure to meet these conditions may result in the termination of my child care benefits and may result in my having to repay any child care benefits I received.

\_\_\_\_\_  
Client Signature      Date

\_\_\_\_\_  
County CCCAP Staff Signature