

Self Attestation

I, _____ work as _____
(Client Name) (describe job or name of position)

in brief my job or task consists of:

I work about _____ hours week day and my work scheduled is as follows:

Weekly Work Schedule							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

ELCFH staff reserves the right to request additional written documentation. I certify that the information I have given is true and correct. I understand that if it is discovered that I have not been truthful with this information, I may and can be prosecuted for fraud. I may and will be required to pay back financial assistance I received from the county or state for the child care for my child (ren). I understand that it is against the law to receive child care for my child (ren) by giving false information.

 Signature of Client _____
Date

Personally known Identification used _____

Notarized this _____ day of _____ in year 201 _____

 Notary Signature

 Notary Printed Name

Notary Seal / CC No / Expiration Date
