

Seeking Employment Policies

If the basis of child care need is to seek employment: Each parent is eligible for a period limited to sixty (60) working days during the fiscal year, which runs from July 1 through June 30. Approved child care hours for job seek activities will not exceed 5 days per week (Monday through Friday) and must be less than 30 hours per week.

As a parent needing child care in order to seek employment:

(Parent Initials)



- _____ 1. I understand that I may only use child care services during this certification period for purposes of seeking employment, filling out job applications, attending job interviews, and conducting other job search related activities which are reasonable and necessary for securing employment.
- _____ 2. I may be required to document my Job seek activities on a Job Seek Activity Log Form. If that is the case, I must demonstrate effort toward gaining new employment. Failure to submit this documentation or to demonstrate adequate job search efforts will result in termination of my child care services.
- _____ 3. I agree to notify Pathways within 5 of calendar days upon deciding to accept a job offer or as soon as any change occurs which may affect my program eligibility or level of child care service.
- _____ 4. I understand that child care services are limited to 60 working days during the contract period. Child care can be approved on no more than five days per week (Monday through Friday) and for less than 30 hours per week.
- _____ 5. I understand that prior to the end date of this Seeking Employment Agreement, I must be employed or attending a training program to remain eligible for child care services. An employment and/or training verification form must be received at Pathways and my first date of employment/training must occur no later than the next business day following the end of my Job Seek period, or my child care services will be terminated.
- _____ 6. I understand that my failure to comply with the rules of the program or the terms of this seeking employment agreement may result in the immediate termination of child care services in which case I become solely responsible for paying all of my child care costs.
- _____ 7. I also understand that I may not exceed the certification period nor the days and hours of child care services specified in my Notice of Action and Parent Agreement.
- _____ 8. If I am enrolled in the GAIN program, I understand that my GAIN worker must approve any and all activities, including seeking employment, before Pathways can approve child care services.
- _____ 9. I further understand that I may not alter the terms of this agreement without prior written approval from Pathways.

I have read and fully understand and agree with the terms of these seeking employment policies.

«ParentName»

Parent Name

Parent Signature

Date

Seeking Employment Declaration

Parent Name: «ParentName»

Family ID: «FamilyID»

You have requested child care while you seek employment. Child care services while seeking employment are limited to 60 consecutive working days, excluding Federal Holidays, and will be approved for no more than five days per week (Monday through Friday) and less than 30 hours per week. Your Program Specialist will review your request and assign hours as applicable.

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Indicate your plan to secure, change, or increase employment (please be specific):

Please describe when services will be necessary (days and hours):

	From:	To:
Monday	am/pm	am/pm
Tuesday	am/pm	am/pm
Wednesday	am/pm	am/pm
Thursday	am/pm	am/pm
Friday	am/pm	am/pm

Please check this box if your seeking employment hours will be on a variable schedule Monday through Friday.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.

Signature: _____

Date: _____

Date Due: «DueDate»

Office Use Only

Last Activity: _____ End Date: _____
 Previous Days Used: _____ From: _____ To: _____
 Days Approved This Period: _____ From: _____ To: _____
 Total Days This Contract Period: _____
 Change Status to: _____ Effective: _____
 Exhausted Benefits. Terminated Effective: _____