

# Child Care Financial Assistance Program

## Seeking Employment Plan

Please fill this form out and mail to:

Seeking employment is limited to 4 weeks in a 12 month period. The "Seeking Employment" need for child care does not cover school age children except during school year vacations and summer.

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### I plan to use the following sources to locate employment:

- ☐ Newspaper ☐ In-person interview with employer  
☐ Phone Calls ☐ Economic Services Division (ESD)  
☐ Sending Resumes ☐ Department of Labor (DOL)  
☐ I would like a referral to a job placement agency/temporary employment agency  
☐ Other - please explain \_\_\_\_\_

### I would like to use the following days to search for employment:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Start date: \_\_\_\_\_ Provider's ID # \_\_\_\_\_ Provider Phone # \_\_\_\_\_

Provider's name: \_\_\_\_\_

Provider address: \_\_\_\_\_

I understand that I must report any changes in my unemployment status immediately. If I locate work, I will report job status and income verification to my eligibility specialist. I will provide my eligibility specialist with a written statement from my new employer. The statement will include when my employment began, weekly work schedule (days and hours to be worked), and hourly/weekly gross wage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions regarding completion or submission of this form, please contact your eligibility specialist at the number below:

