

# Child Care Financial Assistance Program Self-Employment Business Plan

Please fill this form out and mail to:

Child Care Resource  
300 Cornerstone Drive, Suite 128  
Williston, VT 05495  
Phone: (802) 863-3367  
Fax: (802) 863-4202

Self-employment can be a need for you to receive child care assistance. Self-employment is a business activity by a primary caregiver, either in or out of the home, through which they earn an average monthly net income equivalent to the number of hours worked times the Vermont minimum wage.

Applicant/Caregiver Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Name of Business: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_ or Social Security #: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Start Date: \_\_\_\_\_

This business is a (check one):  Sole Proprietorship  Partnership  Corporation  Subcontractor

Provide a detailed description of your business (the product sold or type of service):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the days of the week and specific hours necessary to perform your job:

Circle One	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M							
P.M							

Please describe the specific tasks performed during these hours: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that I must report any changes in my self-employment status immediately. I understand that I could be subjected to prosecution for fraud if I do not report changes, or provide incorrect or misleading information.

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

If you have questions about this form, please contact your eligibility specialist at:

