

ATTENDANCE AND CHILD CARE BILLING

SIDE A – CLIENT COMPLETES THIS SECTION – PLEASE PRINT

1. Complete all sections of SIDE A and submit the completed report by the 5th of the month. QUESTIONS? ASK YOUR WORKER

| | | | |
|---|-----------------------|------------------------|-------------------|
| 2. NAME (First, Middle, Last) | | SOCIAL SECURITY NUMBER | COUNTY USE |
| ADDRESS (Street, City, State, ZIP Code) | | | |
| HOME PHONE () () | CELL PHONE () () | WORK PHONE () () | |

3. **Are you working?** Yes No
Since your last report have you had changes in: **Employment** **Address** **Other**
 Briefly describe the change: _____

4. It takes me _____ hours _____ minutes each day to go to and from my home/child care provider(s) and where I go to work and/or other CWES county-approved activity. My lunch break is 1 hour 1/2 hour

5. You are **REQUIRED** to participate in your assigned CalWORKs Employment Services (CWES) activity and/or work. List the number of hours you worked and/or participated in your assigned activity each day in the report month. **(Write "0" on days you did not go to work and/or attended your activity. Do not include your travel time or lunch time in the total hours.)**

THIS REPORT IS FOR THE MONTH OF:

CHILD CARE:
 Date Approved: _____
 Total Billed: \$ _____
 (-) Family Fee \$ _____
 Potential Payment: \$ _____
 Amount Paid: \$ _____
 Paid through: _____

| A _____ (Activity One/Employment) | | | B _____ (Activity Two/Employment) | | | | | | |
|-----------------------------------|--------------------------------------|-------------|-----------------------------------|---|-------------|-----|--------------------------------------|-------------|--|
| Day | Work/Activity Schedule | Total Hours | Day | Work/Activity Schedule | Total Hours | Day | Work/Activity Schedule | Total Hours | |
| 1 | A _____ to _____ B _____ to _____ | / | 12 | A _____ to _____ B _____ to _____ | / | 22 | A _____ to _____ B _____ to _____ | / | |
| 2 | A _____ to _____ B _____ to _____ | / | 13 | A _____ to _____ B _____ to _____ | / | 23 | A _____ to _____ B _____ to _____ | / | |
| 3 | A _____ to _____ B _____ to _____ | / | 14 | A _____ to _____ B _____ to _____ | / | 24 | A _____ to _____ B _____ to _____ | / | |
| 4 | A _____ to _____ B _____ to _____ | / | 15 | A _____ to _____ B _____ to _____ | / | 25 | A _____ to _____ B _____ to _____ | / | |
| 5 | A _____ to _____ B _____ to _____ | / | 16 | A _____ to _____ B _____ to _____ | / | 26 | A _____ to _____ B _____ to _____ | / | |
| 6 | A _____ to _____ B _____ to _____ | / | 17 | A _____ to _____ B _____ to _____ | / | 27 | A _____ to _____ B _____ to _____ | / | |
| 7 | A _____ to _____ B _____ to _____ | / | 18 | A _____ to _____ B _____ to _____ | / | 28 | A _____ to _____ B _____ to _____ | / | |
| 8 | A _____ to _____ B _____ to _____ | / | 19 | A _____ to _____ B _____ to _____ | / | 29 | A _____ to _____ B _____ to _____ | / | |
| 9 | A _____ to _____ B _____ to _____ | / | 20 | A _____ to _____ B _____ to _____ | / | 30 | A _____ to _____ B _____ to _____ | / | |
| 10 | A _____ to _____ B _____ to _____ | / | 21 | A _____ to _____ B _____ to _____ | / | 31 | A _____ to _____ B _____ to _____ | / | |
| 11 A _____ to _____ | | | | TOTAL MONTHLY HOURS: A: _____ B: _____ | | | | | |
| B _____ to _____ | | | | Reason for Absences: _____ | | | | | |

TRANSPORTATION
 Mo: _____
 Amount: \$ _____
 Date: _____
 Wrkr #: _____

WEEKLY ST

Provider Sign-Off

Date: _____
 Site (A): _____
 Staff Signature (A): _____
 Phone: _____
 Date: _____
 Site (B): _____
 Staff Signature (B): _____
 Phone: _____

CERTIFICATION

I UNDERSTAND THAT:

- I am certifying I worked or participated in my CWES activity(ies) on the days and for the number of hours listed above.
- If I do not send in a completed "Attendance and Child Care Billing" (SC 1755) my supportive services, such as child care; transportation; or work/education and training payments may be delayed, changed, denied, or stopped.
- I have the right to choose the child care provider who is best for me and my child(ren)
- The provider must have a license or be exempt from having a license in order for me to get child care payment approved by CalWORKs.
- If I choose a license-exempt child care provider, (s)he must apply for or be TrustLine registered and meet Health & Safety Certification criteria unless (s)he is an aunt, uncle, grandparent, exempt school, or recreation program providing care.
- The information on this form may be shared with other state and local agencies, Resource and Referral Programs, Alternative Payment Programs (APPs) and federal agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
- I must pay back any child care and transportation or other payments I am not entitled to get.
- The County does not act as the child care provider's employer, and does not have a business relationship with the provider when a child care payment is paid.
- If I choose child care in my home, I am the employer and am responsible for the Social Security tax. I also understand that if I have the child care provider work 20 hours a week or more in my home, I have to pay at least minimum wage and be responsible for state disability, and federal and state unemployment taxes according to the Fair Labor Standards Act (FLSA).
- I am authorizing the County to get any verification necessary to process this request and that statements made on this form are subject to investigation.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in SIDE A on this report is true and correct.

| | |
|--------------------|------|
| CLIENT'S SIGNATURE | DATE |
|--------------------|------|

