



**Administration Office**

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**SELF DECLARATION FORM**

**Self-Declaration of Income or Additional Income Support**

Note: This form is intended to be used by a parent/guardian as a **Declaration of Employment and Earnings** if a parent gets **paid in cash** or by **personal check**. The **Declaration of Self-Employed and Earnings** is to report cash or personal check earnings. The **Declaration of Verbal Agreement Child Support** is to be filled out by parents receiving child support through a verbal agreement (not filed through the county). The **Declaration of Family Support** at the bottom of this form is intended to be used to declare any monetary assistance the family is receiving. **FORM MUST BE FILLED OUT IN BLUE OR BLACK INK ONLY, FORMS WITH WHITE-OUT, TYPED OR ELECTRONIC SIGNATURES WILL NOT BE ACCEPTED.**

Parent/Guardian's First and Last Name: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Sibling, if applicable

Child's First and Last Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

**Declaration of Employment and Earnings**

**Employer Information**

Name of Employer: \_\_\_\_\_ or Name of Supervisor: \_\_\_\_\_

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

Employer Phone Number: \_\_\_\_\_ Start Date: \_\_\_\_\_

Job Description:  Day Laborer  Babysitter  House Cleaning  Construction  Other: \_\_\_\_\_

<input type="checkbox"/> I am paid in cash	Gross amount per pay period: \$ _____	Please check only <b>one</b> option: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (every two weeks) <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
<input type="checkbox"/> I am paid by check	Gross amount per pay period: \$ _____	Please check only <b>one</b> option: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (every two weeks) <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly

**Declaration of Self-Employed and Earnings**

**Self-Employment Information**

Job Description:  Day Laborer  Babysitter  House Cleaning  Construction  Other: \_\_\_\_\_

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

Employer Phone Number: \_\_\_\_\_ Start Date: \_\_\_\_\_

<input type="checkbox"/> I am paid in cash	Gross amount per pay period: \$ _____	Please check only <b>one</b> option: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (every two weeks) <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
<input type="checkbox"/> I am paid by check	Gross amount per pay period: \$ _____	Please check only <b>one</b> option: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (every two weeks) <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly

**Declaration of Verbal Agreement Child Support**

Amount: \$ \_\_\_\_\_ Please check only **one** option:  
 Weekly  Bi-weekly (every two weeks)  Twice a month  Monthly

**Declaration of Family Support**

Amount: \$ \_\_\_\_\_ Please check only **one** option:  
 Weekly  Bi-weekly (every two weeks)  Twice a month  Monthly

**I certify under penalty of perjury that the income information I have provided above is accurate. I understand that any fraudulent, incomplete, deceitful, or misleading information provided to Orange County Head Start, Inc., regarding my status of income and employment may be grounds for terminating my child from the Head Start Program.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Verified By COA/ERSEA Specialist \_\_\_\_\_

Date \_\_\_\_\_