State of Illinois Department of Children and Family Services

Day Care Services Eligibility - Verification of Self-Employment Form

	•		information to the crifying my current		artment of Ch	ildren and Fam	ily Services	
Applic	cant Nam	ne						
Applicant Signature					Date			
			SELF-EMPLO	YMENT INFO	RMATION			
Social	Security	Number / FEI	N:					
Hours	dedicate	ed to business/w	ork-related matte	ers each day:				
MO	NDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
Busine Busine Please To veri (Form a) b) c) d)	ess Address Phone Note: Ify self-er 1040), ald copy of copy of current list of a	ess:e:enployment, please ong with one of the frecent business musiness musiness bank states and/or e) control by by my signature.	office lease/mortga nonthly utility bills of atement; copies of (reacted) coure that the above	your recently file ge, office/worksp (phone, electric, e contracts.	ed Internal Reve pace rent receipt etc.)	nue Service (IRS)) Schedule SE	
Applicant Signature					Date			
DCFS	/POS Ca	ase worker Inf	formation:					
DCFS	/POS Ca	seworker's Nar	ne and Phone nur	nber				

Definitions (from the American Heritage College Dictionary – Third Edition – 1997):

Self-employed
Earning one's livelihood directly from one's own trade or business rather than as an employee of another.

Free-lance

A person, especially writer or artist, who sells his or her services to employers without a long-term commitment.