ARIZONA DEPARTMENT OF ECONOMIC SECURITY Child Care Administration

SELF-SUFFICIENCY STATEMENT

IMPORTANT: CHILD CARE ASSISTANCE IS TIME-LIMITED

The Block Grant Work (**BW**), Block Grant Unable/Unavailable (**BU**), & Block Grant Teen Parent (**BT**) Child Care Assistance categories are **time limited to no more than 1380 paid units** or **60 cumulative calendar months per child**, whichever is **later**. In order to qualify for a **12 month extension** of Child Care Assistance (after expiration of your time limit), you will be required to state the efforts you made to improve skills and move toward self-sufficiency (over the most recent 12 month period).

I have made the following efforts to improve my skills and move toward self sufficiency in the last 12 months; (X all that apply.)

- 1. I registered or job searched via DES One Stop Career Centers, DES Job Service, other public or private employment agencies, or independently.
- 2. I applied for a better job.
- 3. I have been consistently employed.
- 4. I was laid-off but found new employment within 60 days.
- 5. I left one job for a better job (higher pay, more hours, or better benefits).
- 6. I consistently demonstrated a net profit in my self-employment activity.
- 7. I attended remedial education for the attainment of a high school diploma or GED.
- 8. I attended English for Speakers of Other Languages (ESOL) classes.
- 9. I attended a trade/vocational school, college or university and made satisfactory progress in the activity.
- 10. I attended work related school or training, or pursued a degree or certificate that will lead to enhanced career opportunities.
- 11. I have NOT requested TANF (Temporary Assistance to Needy Families) Cash Assistance for myself.
- 12. I made contact with DES Child Support Services about support from an absent parent or paternity establishment.
- 13. I continued with my treatment plan under the direction of a physician, psychiatrist, or psychologist.
- 14. I followed a domestic violence/homeless shelter case plan.
- 15. I completed or am in the process of completing a drug/alcohol rehabilitation or court ordered community service program.

Applicant's Name (<i>Print</i>)	
Applicant's Signature	Date

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.