

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 (*Print*) _____

Applicant's Signature _____ Date _____