NYC Human Resources Administration | Family Independence Administration
Department of Social Services

Work Schedule For Child Care

You must complete this form to get child care. This form asks about your employer and the days and hours you work. If the days and hours you work change often, give the days and hours you work the most.

Applicant/Participant's Name:	Cash Assistance Case Number:
Employer's Name:	
Employer's Address:	
Work Location if Different from Employer's Address:	

If the work location is in New York City, answer the following question to the best of your knowledge.

The employer has a total of ☐ 11 or more employees ☐ 10 or fewer employees

Weekly Schedule								
Days	**Mon.**	**Tues.**	**Wed.**	**Thurs.**	**Fri.**	**Sat.**	**Sun.**	
Start Time:								
End Time:								**Total Weekly hours worked:**
Number of hours worked:								

Total Weekly Travel Time: If your travel time changes each day, use your longest travel time and multiply by five (5). For example: Two (2) days a week your travel time is two (2) hours, and three (3) days a week your travel time is one (1) hour, your total travel time should be 5x2 = 10 Hours.

Total Weekly Travel Time: ☐

Work Schedule For Other Adults in Household

Relationship to Child: ☐ Parent ☐ Guardian

Applicant/Participant's Name:	Cash Assistance Case Number:
Employer's Name:	
Employer's Address:	
Work Location if Different from Employer's Address:	

If the work location is in New York City, answer the following question to the best of your knowledge.

The employer has a total of ☐ 11 or more employees ☐ 10 or fewer employees

Weekly Schedule								
Days	**Mon.**	**Tues.**	**Wed.**	**Thurs.**	**Fri.**	**Sat.**	**Sun.**	
Start Time:								
End Time:								**Total Weekly hours worked:**
Number of hours worked:								

Total Weekly Travel Time: If your travel time changes each day, use your longest travel time and multiply by five (5). For example: Two (2) days a week your travel time is two (2) hours, and three (3) days a week your travel time is one (1) hour, your total travel time should be 5x2 = 10 Hours.

Total Weekly Travel Time: [   ]

I swear or affirm that the Information on this form is true and correct.

Applicant/ Participant's Signature: _____ **Date:** _____