



USDA Child Care Subsidy Administration Program (CCS)
 United States Department of Agriculture

**U.S. Coast Guard (USCG) Child Care Subsidy (CCS) Program
 Certification of Self Employment**

The U.S. Coast Guard requires that the Spouse/Partner of the qualifying U.S. Coast Guard Member be employed a minimum of 20 hours per week in order to qualify for benefits under the USCG CCS Program. As a self-employed individual, the Certification Statement must be completed and signed by the Member and Spouse/Partner in order to qualify for a USCG CCS.

Certification Statement

I certify that _____ is currently working:
Printed name of Spouse/Partner

- A) _____ hours/week @ \$_____ dollars per hour, or
- B) _____ hours/week with a weekly income of \$ _____, or
- C) _____ hours/week with a monthly income of \$ _____, or
- D) _____ hours/week working _____ jobs/week with an income per job of \$ _____, or
- E) _____ hours per week with an annual income of \$ _____

Therefore; we are requesting the U.S. Coast Guard Child Care Subsidy Benefit for the following type of child care for our/my child/children each week:

_____ Part Time _____ Full Time

I will notify the USDA Subsidy Administration Section in writing to report change of employment should my Spouse/Partner's schedule change and/or employment changes and will provide a copy of the proper documentation to support this change to USDA in order to continue to participate in the USCG CCS.

I understand that my USCG CCS will be discontinued making me financially responsible for all child care costs if my Spouse/Partner does not work or attend school as required by the USCG CCS Program guidelines.

Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws, and may subject the individual to removal from the USCG CCS Program and responsible for repaying any USCG CCS benefits received that the Member was not entitled to receive based upon USCG CCS Program guidelines.

Signature of Spouse/Partner *Date*

Printed Name of USCG Member

Signature of Qualifying USCG Member / Last 4 of SSN *Date*