

PARENT OR LEGAL GUARDIAN STATEMENT OF WORK SCHEDULE

Recipient's Name: _____

Parent/Legal Guardian's Name: _____

Statement of Work Schedule

Name of Employer: _____

Address: _____

Work Schedule:

(Include work hours for each day)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

My signature below certifies that I am self-employed and that the schedule above is true and accurate. I understand that any person who makes, presents, or submits documentation that is false or fraudulent is subject to a reduction or termination of Medicaid services.

Parent/Legal Guardian Signature: _____

Date: _____

Telephone Number: (_____) _____

For use by the Provider:

Recipient's Name: _____

Recipient Medicaid ID: _____