



NASSAU COUNTY  
 DEPARTMENT OF SOCIAL SERVICES  
 60 CHARLES LINDBERGH BLVD., SUITE 160  
 UNIONDALE, NEW YORK 11553-3686  
 Phone: (516) 227-7976 Fax: (516) 227-8710

**DAY CARE SERVICES SELF-EMPLOYMENT/INDEPENDENT CONTRACTOR VERIFICATION**

I, \_\_\_\_\_, hereby verify that I am Self-Employed/an Independent Contractor (Underline One).

**COMPANY NAME (If any):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** ( ) \_\_\_\_\_

**SOCIAL SECURITY NO.:** \_\_\_\_\_ (Optional - for income verification only per NYS Administrative Directive 05-OCFS-ADM-03):

**NATURE OF EMPLOYMENT:** \_\_\_\_\_

**Date employment began or will start:** \_\_\_\_\_

Days of Employment

- ( ) Monday
- ( ) Tuesday
- ( ) Wednesday
- ( ) Thursday
- ( ) Friday
- ( ) Saturday
- ( ) Sunday

Hours of Employment

- From \_\_\_\_\_ To \_\_\_\_\_

Comments for irregular hours/days: \_\_\_\_\_

Gross Income: \_\_\_\_\_ Per ( ) day ( ) week ( ) month ( ) year.

The above is a true account of our employment records as related to the above-mentioned employee.

**\*\*PLEASE ATTACH MOST RECENT TAX FORMS VERIFYING INCOME\*\***

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

Sworn to before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
 Notary Public

Reviewed by: \_\_\_\_\_  
**Day Care Worker**

\_\_\_\_\_  
**Date**