



STATEMENT OF DUTIES For In Home Supportive Services

Created 07/13/09

- **Job Title:**

- **Duties and Description** (describe the type of work you do):

- **Days and Hours worked per week** (If varied, please indicate time range and days):

- **Income (monthly):** \$ _____ (please attach at least one month's worth of check stubs)

I hereby certify under penalty of perjury under the laws of the State of California that the information stated above and any documentation submitted herewith, are true and correct to the best of my knowledge, and that none of such information or documentation is misleading, untrue or false. I further understand and acknowledge that by signing this statement, the above information and documentation submitted herewith are subject to verification and hereby grant Crystal Stairs, inc. the authority to verify such information and documentation. If the above information and/or documentation submitted herewith are found to be false, untrue or misleading, I understand that I may be subject to prosecution and punishment under the laws of State of California.

Print Name

Parent Signature

Date

FOR OFFICE USE ONLY Verified Information on (date): ____ / ____ / ____ Spoke With: _____
See Case Note dated: _____ Comments: _____