



IMPORTANT

The following items need to be submitted to determine your eligibility for Day Care Assistance:

- 1) Mail in your completed and **signed application**, make sure to date the application.
- 2) Provide paystub wage verification, 8 pay stubs if you are paid weekly and 4 paystubs if you are paid bi-weekly. Also provide verification of other income such as unemployment benefits or Social Security.
- 3) Provide a completed Child Care payment questionnaire (Form B-3923).
- 4) Copy of your current support order if child support is being received and a completed Child Eligibility Review sheet (Form B-5517).
- 5) Provide verification of your address; Landlord Form (B-1231), copy of your photo ID and copies of birth certificates.



Before you apply for Day Care can you answer YES to the following questions ?

Effective May 5, 2012, Non-Temporary Assistance Day Care is available to employed families who earn 200% or less of the State Income Standard.

Before preparing your application for Day Care Assistance you should be able to answer yes to all the following questions:

- 1) Are you currently employed or a teen parent under 21 and in school to obtain your Diploma or GED ?
- 2) Do you have custody of a child?
- 3) If there are two parents in the household, are you working the same or overlapping shifts ?
- 4) Is your gross monthly income below the 200% State Income Standard for a family of :
2 \$ 2,522
3 \$ 3,182
4 \$ 3,842

If you have answered yes to all of the above questions, then review the back page and submit your application. If you have answered No to any of the above questions you are not eligible.

If you have any additional questions regarding eligibility please call 858-8953.

IMPORTANT NOTICE

IT IS NECESSARY THAT THE
APPLICATION (ECDSS-5163) IS
COMPLETED, AND THAT ALL
PAPERWORK REQUESTED IS
SUBMITTED.

INCOMPLETE APPLICATIONS AND
VERIFICATION MATERIALS WILL BE
RETURNED TO YOU AND WILL
DELAY THE PROCESSING OF YOUR
DAY CARE REQUEST.

WE THANK YOU FOR YOUR
COOPERATION.

ERIE COUNTY DAY CARE UNIT*

HOW TO COMPLETE THE APPLICATION FOR CHILD CARE ASSISTANCE AND IMPORTANT INFORMATION

Applying Only for Child Care Assistance

If you are only applying for Child Care Assistance, you can use this shorter application. If you want to apply for other benefits such as Temporary Assistance, Food Stamps, Home Energy Assistance, Medicaid or other services, please ask for a different application. *This application can only be used to apply for Child Care Assistance.*

When You Are Applying For Child Care Assistance

- You can file an application the same day you receive it. If you are eligible, benefits will be provided back to the date you filed your application.
- You can file your application in person or by mail.
- We will accept your application if, at a minimum, it contains your name, address, and a signature. However, the application must be completed for us to determine your eligibility.

How to Complete the Application For Child Care Assistance

- Please PRINT clearly in blue or black ink.
- Do NOT print in the shaded areas.
- Be sure to complete each section.
- If you are applying as someone's representative, please print information about that person not yourself.

SECTION 1: APPLICANT INFORMATION

- Please PRINT your legal name including your first name, middle initial and last name; home telephone number, and the full address where you live.
- MAILING ADDRESS: PRINT your mailing address if it is different from your residence.
- FORMER ADDRESS: If you have moved in the last year, enter your previous address.
- OTHER PHONE NUMBERS: Enter other phone numbers where you can be reached.

SECTION 2: HOUSEHOLD MEMBERS INFORMATION

- LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.
- PRINT your full name first. Then PRINT the names of the other people who live with you.
- PRINT the date of birth and sex for each person applying. Those considered applying are the child (or children) in need of care, their parents (including a stepparent) and siblings under 18 who are in the household.
You may but do not have to list Social Security Numbers. Social Security Numbers may be used by federal, State and local agencies to prevent duplication of services and fraud and for federal reporting. Check (✓) Yes or No to tell us which *child* is in need of Child Care Assistance.
- For each person in the household, PRINT how they are related to you (e.g., wife, son, friend, etc.).
- Check (✓) Yes or No to indicate if each person applying is Hispanic or Latino or not.
- Enter Y (Yes) or N (No) for each of the race/ethnic codes. Race/Ethnic codes: I - Native American or Alaskan Native, A - Asian, B - Black or African American, P - Native Hawaiian or Pacific Islander, W - White *Note: This information is required by the Federal government, but is for statistical purposes only. If you do not fill out this section, an interviewer in the agency may fill it out based on observation.*
- List any aliases or maiden names of you or anyone in your household

SECTION 3: OTHER PROGRAMS

- Answer all the questions in this section.

SECTION 4: HOUSEHOLD MEMBERS UNDER 21 AND ABSENT PARENTS

- For anyone in the household under the age of 21, you must list the individual's name and the absent parent's name and address.

SECTION 5: EMPLOYMENT INFORMATION

- Complete this section on why you need care, the start date of your job, the number of hours per week that you will work, pay rate - how will you be paid (hourly, weekly, bi-weekly, monthly etc.), and your gross pay (the amount of your pay check before anything, such as, taxes is taken out).

SECTION 6: OTHER INCOME

- In this section, indicate if anyone applying is receiving income. For any 'Yes' answers, list the gross amount of income for the period, which it is, received. (e.g., week, bi-weekly, semi-monthly, monthly) and who receives it.

SECTION 7: LEGAL STATEMENTS

- Read this section carefully or have someone read it to you. You must complete and sign this written certification of citizenship for the children in need of Child Care Assistance.

SECTION 8: SIGNATURES

- Sign your name. If you have filled out the application for someone else, sign your name. Date the application. If your spouse lives with you, both of you must sign the application.

SECTION 9: ADDITIONAL INFORMATION

- Use this section to let us know additional information that you think we might need to know.

SECTION 10: CONSENT TO WITHDRAW

- If you decide you no longer wish to apply for Child Care Assistance, sign your name and enter date. You may reapply at any time.

In addition to the *Child Care Services Application*, make sure you have been given copies of:

- LDSS-4148A: "What You Should Know About Your Rights and Responsibilities"
- LDSS-4148B: "What You Should Know About Social Services Programs"
- LDSS-4148C: "What You Should Know If You Have an Emergency"

These booklets contain important information about your rights and responsibilities.

APPLICATION FOR CHILD CARE ASSISTANCE

ECDSS-5163 (Rev.07/05)

Application Date _____ Worker: _____ Case Type: **40** District: _____ Case Number: **S** Service Trans. Type: New Op Reop Recert
 Case Name _____ Disposition: Denied Reason Code W/D *Shaded Areas for Office Use Only*

Name _____ Telephone Number 11 _____
 Residence Address _____ City _____, NY Zip Code _____
 Mailing Address (if different) _____ City _____, NY Zip Code _____
 Former Address _____ Other phone numbers where you can be reached _____ Marital Status _____

List everyone who lives with you even if they are not applying. List yourself first.

	First Name	M I	Last Name	Date of Birth	Social Security Number (SSN) <i>Optional</i>	Sex M or F	Does this child need child care? Yes No	Relation- ship to you	Hispanic or Latino? Yes No		Enter Y (Yes) or N (No) for each race*			
									I	A	B	P	W	
1								SELF						
2														
3														
4														
5														
6														
7														
8														

* Race/Ethnic Codes: **I** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White

Please list maiden or other names by which you or anyone in your household has been known	First Name	MI	Last Name

Are you currently receiving or applying for Temporary Assistance through a different application? Yes No
 Are you currently receiving or applying for other Child Care funding? Yes No If yes, name of agency: _____

You may use the back page if you need more room or there is other information that you think we might need

List names of everyone under 21 who are living in the household and write the absent parent's name and address.

Name of Person Under 21	Absent Parent's Name and Address	
	4	

Do you need child care so you can work? Yes No If no, list reason child care is needed _____

Current Place of Employment: _____ Work Phone: _____
(If self-employed, list the name of your company)

Start Date of Job: _____ Hours per Week: _____ Pay Rate: _____ Gross Pay: _____

Is this a job with rotating shifts? Yes No Are you required to work overtime? Yes No

List the Scheduled Days and Hours of Employment (e.g., Mon. through Fri. 8 a.m. -- 4 p.m.): _____

INCOME - ANSWER ALL QUESTIONS LISTED BELOW					
Indicate if you or anyone applying with you receives money from:	Yes	No	Gross Amount	Period (e.g., week, month, etc)	Who Receives?
Employment/self-employment including overtime, commissions, training programs, tips					
Child Support Payments (received)					
Alimony/Support (received)					
Unemployment Insurance Benefits					
Social Security Benefits (including SSD)					
Disability Benefits (NYS, VA, Private)					6
Rental/ Boarders/Lodgers Income (received)					
Other (please specify)					
Office Use Only					

READ AND COMPLETE THE IMPORTANT INFORMATION BELOW AND SIGN AT THE BOTTOM

PENALTIES - Your application may be investigated. By signing this agreement you are consenting to cooperate in such investigation. Federal and State laws provide for penalties of fine, imprisonment or both if you do not tell the truth when you apply for Child Care Assistance, at any time when you are questioned about your eligibility, or if you cause someone else not to tell the truth regarding your application or continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial or continuing eligibility for Child Care Assistance; or if you conceal or fail to disclose facts that would affect the right of someone for whom you have applied to obtain or continue to receive Child Care Assistance and such Child Care Assistance must be used for the other person and not yourself. It is unlawful to obtain Child Care Assistance by concealing information or providing false information.

CHANGES - I agree to inform the agency immediately of any change in my needs, income, living arrangement or address to the best of my knowledge or belief. I agree to inform the agency promptly of any change in child care arrangements, including where child care is provided, who is providing care, provider's fees, and hours for which child care is needed.

CONSENT - I understand that by signing this application form, I agree to any investigation made by the Department of Social Services to verify or confirm the information I have given or any other investigation made by them in connection with my request for Child Care Assistance. If additional information is requested, I will provide it.

NON-DISCRIMINATION NOTICE - This application will be considered without regard to race, color, sex, disability, religious creed, national origin or political belief.

CERTIFICATION OF CITIZENSHIP/ALIEN STATUS FOR CHILD CARE ASSISTANCE - I hereby certify, under penalty of perjury, that all the children in need of Child Care Assistance _____

(List the names of all the child(ren) that are in need of child care assistance)

are United States (U.S.) citizens or nationals or persons with satisfactory immigration status. I understand that this information about these children may be submitted to the Immigration and Naturalization Service (INS) for verification of immigration status, if applicable. I further understand that the use or disclosure of this information about these children is restricted to persons and organizations directly connected with the verification of immigration status and the administration or enforcement of provisions of the Child Care Assistance program.

Signature _____ Date _____

CERTIFICATION: I swear and/or affirm under the penalties of perjury that all of the information I have given or will give to the local Department of Social Services relating to Child Care Assistance is correct.

APPLICANT/REPRESENTATIVE SIGNATURE	DATE SIGNED	HUSBAND/WIFE SIGNATURE	DATE SIGNED
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Please return to the address below:

Erie County Day Care Unit * 95 Franklin Street
20 Cathedral Park 3rd Floor Room 1260 - Rath Building
Buffalo, NY 14202
716-858-8953

Use this area for additional information:

9

I CONSENT TO WITHDRAW MY APPLICATION. I understand I may reapply at any time.

SIGNATURE _____

10

DATE _____

For Agency Use Only

Eligibility Determined by _____ Date _____

Eligibility Approved by _____ Date _____

Child Care Authorization Period: From _____ To _____

Comments:

ERIE COUNTY DAY CARE UNIT

~~290 MAIN ST. - 3RD FLOOR~~

95 Franklin Street
Room 1260 *

~~REAR ELEVATOR - 20 CATHEDRAL PARK ENTRANCE~~

BUFFALO, NEW YORK 14202

Mail in your completed and signed application.

Do not send original documents, only copies are required.

- **Picture ID** for yourself
- **Birth Certificates** for all applying members of your household
- **Social Security cards** for all applying members of your household (optional)
- **Verification of current address and household composition:**
 - Landlord form (B-1231) completed by the owner or agent, or current lease listing address and household composition **OR**
 - Collateral Verification Letter (B-3112) if property is owned by you or your relative. This form **MUST** be completed by a non-relative who does not reside in your household.
- **Verification child support and day care costs:**
 - Copy of current court order if child support/day care costs are being received.
 - Statement signed by you regarding the amount and frequency of child support currently received – statement signed by you stating the other parent’s availability to watch the child and if unavailable the reason.
- **Wage Verification:**
 - 1) Consecutive paystubs for last 4 to 12 weeks **OR**
 - 2) if newly employed, (less than 4 weeks of paystubs), letter from your employer, on letterhead, stating start date, rate of pay, days and hours working and all paystubs received to date.
Name, address and phone # of your employer.
- **Other Income** – Verification of Social Security, unemployment or any other income received by household members.
- **Day Care Provider information** – if you need assistance finding a day care provider, you can call the Child Care Resource Network at 877-6666 or log on to <http://www.ocfs.state.ny.us/main/childcare/default.asp> – child care facility search.

Complete B-3923 with your Day Care Provider (enclosed). Remember to fill in your work schedule and school schedule of children on back of B-3923 form.

CURRENT INCOME ELIGIBILITY STANDARDS

These are the income standards that are used to determine eligibility and calculate the fee for Child Care Services effective June 1, 2012.

FAMILY SIZE	100% ANNUAL	100 % MONTHLY	200% ANNUAL	200% MONTHLY
1	\$11,170	\$ 931.00	\$22,340	\$1,862
2	\$15,130	\$1,261.00	\$30,260	\$2,522
3	\$19,090	\$1,591.00	\$38,180	\$3,182
4	\$23,050	\$1,921.00	\$46,100	\$3,842
5	\$27,010	\$2,251.00	\$54,020	\$4,502
6	\$30,970	\$2,581.00	\$61,940	\$5,162
7	\$34,930	\$2,911.00	\$69,860	\$5,822
8	\$38,890	\$3,241.00	\$77,780	\$6,482
Ea. Additional member	\$3,960	\$330.00	\$7,920	\$660

The Day Care fee is based on the amount of the family's income that exceeds the current Income Eligibility Standard (100%). There is one basic fee for a family regardless of the number of children receiving day care services. The parent must pay the fee directly to the provider.

FORMULA USED TO DETERMINE FEE:

Annual Gross Income minus (-) State Income Standard times (x) 35% = Weekly Fee ÷ 52 (weeks)

Every case will pay a fee of at least \$1.00 per week.

NOTE: Families with a gross income of over 200% of standard are ineligible for Day Care Assistance.

PARENT AGREEMENT

In order to receive a child care payment authorized through the DAY CARE UNIT, the parent and the provider MUST have an Approval Letter (**ECDSS-4976 or ECDSS-4979**) issued by the Day Care Unit. This letter is a guarantee of payment for child care services provided and specifies:

- The **time period** child care is authorized
- The **days and hours** authorized for each child
- The **parent share** you are responsible to pay directly to your provider.

An approval letter is issued when you are determined to be eligible for child care assistance at:

- ◆ Certification – new case
- ◆ Recertification – your six-month case authorization period has expired.
- ◆ **Any change**, including, but not limited to changes in:
 - **Employment**
 - **Child Support**
 - **Days and hours of care**
 - **Provider**

Child care payments are only guaranteed for the PAYMENT PERIOD specified on the approval letter. It is your responsibility to pay for any day care provided beyond the payment period ending date.

I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE DAY CARE UNIT IN WRITING IMMEDIATELY OF ANY CHANGE IN CIRCUMSTANCES which may affect my eligibility for child care services, including: EMPLOYMENT, SCHOOL, ADDRESS, AND HOUSEHOLD COMPOSITION.

* I understand I must submit my paystubs as requested.

* I understand I must notify the Day Care Unit in writing IMMEDIATELY and verify the last date I worked if my employment changes or ends.

* I understand I must submit an employer's statement on letterhead verifying my start date, rate of pay, and work schedule if/when I obtain any new employment.

*I understand I must pay a weekly parent share to my provider.

DATE

CLIENT SIGNATURE

DATE

WORKER SIGNATURE

ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES
95 FRANKLIN STREET – BUFFALO, NEW YORK 14202

CHILD CARE – PAYMENT QUESTIONNAIRE

CLIENT NAME _____ CASE # _____

ADDRESS _____

IMPORTANT

- ❖ You and your child care provider must complete and sign this Questionnaire.
- ❖ A separate Questionnaire must be completed for each child care provider.
- ❖ A new Questionnaire must be completed and included with each Recertification.
- ❖ A new Questionnaire must be completed if you change child care providers.
- ❖ A new Questionnaire must be completed if your hours of employment change.
- ❖ A new Questionnaire must be completed if your household composition changes.
- ❖ A new Questionnaire must be completed if the cost of your child care changes.

TO BE COMPLETED BY CENTER/PROVIDER

PROVIDER NAME _____ SS # / TAX ID # _____

Facility Name _____ VENDOR # _____

ADDRESS _____ LICENSE # _____

_____ PHONE # _____

Are you in receipt of Financial Assistance? YES NO

If YES, enter your Case # _____

PROVIDER'S SIGNATURE _____ DATE _____

RETURN TO:

CASEWORKER/EXAMINER _____ UNIT / WORKER # _____

PHONE # 858-_____

I. PARENT: COMPLETE PLACE OF EMPLOYMENT/TRAINING:

COMPLETE DAILY WORK/TRAINING SCHEDULE (e.g. 9am-5pm)

S	M	T	W	TH	F	SAT.

II. PROVIDER: COMPLETE FOR EACH CHILD IN CARE

	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
Child's Name					
Child's DOB					
Child's school schedule (e.g. 9:00 am - 3:00 pm)					
Date child started in care					
Hours in care per day					
Circle days in care per week	M T W Th F S Su				
Hourly cost of day care					
Daily cost of day care					
Weekly cost of day care					

III. ENTER A (✓) TO INDICATE THE CURRENT CHILD CARE ARRANGEMENT FOR EACH CHILD

AGENCY USE ONLY	CURRENT CHILD CARE ARRANGEMENT	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
PAYMENT TYPE						
FULL TIME						
37	Day Care Center					
34	Group Family Day Care Provider					
32	Family Day Care Provider					
R8	School Age Child Care Program					
R0	Watched in Your Home by a Relative					
30	Watched in Your Home by a Non-Relative					
R2	Watched in a Relative's Home					
R4	Watched in a Non-Relative's Home					
R5	Watched in a Non-Relative's Home					

NOTE: Payments will be based on the actual number of hours employed, plus a reasonable travel time allowance.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

CLIENT'S SIGNATURE

DATE

PROVIDER'S SIGNATURE

DATE

ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES

Division of Financial Assistance

158 Pearl Street, Buffalo, New York 14202

OFFICE USE ONLY

DATE SENT: _____

RETURN BY: _____

DATE STATEMENT RECEIVED _____

EXAMINER _____ TEAM _____

INFORMATION VERIFIED PER T.C. TO LL:

[] YES [] NO

PER ERIE COUNTY TAX RECORDS

[] YES [] NO

CASE NAME _____

CURRENT ADDRESS _____ CAT/CASE NO. _____

LANDLORD STATEMENT

LANDLORD: PLEASE COMPLETE ENTIRE FORM IN INK AND SIGN BELOW:

TENANT'S NAME _____

ADDRESS RENTED _____

No.	Street	Apt. No.	City	State	Zip Code
AMOUNT OF RENT CHARGED \$ _____	Per [] Month [] Week [] Twice Monthly	DATE RENT PAID UP TO _____	DATE TENANT MOVED IN _____		

DOES TENANT RECEIVE RENTAL ASSISTANCE FROM SEC. 8, HUD, ETC? [] NO [] YES AMT. OF ASSISTANCE \$ _____

APARTMENT LOCATION: _____ NUMBER OF APARTMENTS AT THIS ADDRESS _____

(Upper/Lower, Front/Rear)

RENT INCLUDES:

AT THIS ADDRESS:

HEAT [] YES [] NO
 ELECTRIC [] YES [] NO
 WATER [] YES [] NO
 KITCHEN STOVE [] YES [] NO**
 REFRIGERATOR [] YES [] NO**
 FURNITURE [] YES [] NO**
 COOKING FACILITIES [] YES [] NO
 MEALS [] YES [] NO

1. TYPE OF HEATING FUEL: _____
 2. HOW MANY METERS? GAS _____ ELECTRIC _____
 3. HOW MANY FURNACES? _____
 4. DOES THIS TENANT HAVE A FURNACE/SPACE HEATER THAT HEATS ONLY THIS APARTMENT? [] YES [] NO
 5. IS THIS FURNACE/SPACE HEATER PROVIDED BY LANDLORD? [] YES [] NO
 6. IF MEALS ARE INCLUDED IN RENT, HOW MANY MEALS ARE PROVIDED EACH DAY? _____

PLEASE LIST ALL PERSONS IN THE APARTMENT:

ARE YOU RELATED TO ANY PERSON IN THE APARTMENT? [] YES [] NO

IF YES, DESCRIBE RELATIONSHIP: _____

THE UNDERSIGNED CERTIFIES THAT HE/SHE IS THE [] OWNER [] AGENT OF THE SPECIFIED PROPERTY AND THAT TO THE BEST OF HIS/HER KNOWLEDGE, HE/SHE HAS ANSWERED ALL OF THE QUESTIONS TRUTHFULLY. THANK YOU FOR YOUR COOPERATION.

Signature of Landlord _____ Date _____
 Name of Landlord (Print) _____ Daytime Telephone No. _____
 Address _____ Vendor ID # _____
 Signature of Tenant _____ Date _____

Telephone No. _____

* SEE REVERSE SIDE*

LANDLORD MUST SIGN WATER AGREEMENT IF WATER IS NOT INCLUDED IN THE RENT

NOTICE TO RENTERS OF UNFURNISHED APARTMENTS

You are free to select the residence of your choice. However, money to buy furnishings is given only in exceptional circumstances. If you cannot live in an apartment unless the agency provides extra money to buy a stove, refrigerator or furniture, ask your Examiner if you qualify for these benefits before you rent the apartment.

WATER AGREEMENT

New York State Regulations do not permit Erie County to pay the "sewer" portion of the water bill. In all situations, payment of the "sewer" portion of the bill will be the responsibility of the tenant and/or the landlord.

WATER ALLOWANCES CAN ONLY BE GIVEN TO RECIPIENTS WHO ARE BILLED DIRECTLY BY THE WATER COMPANY. (NYCRR 300.6, DEPARTMENT REG. 352.3 (b) AND 84-ADM 42). However, since the City of Buffalo sends its water bills to "occupant", New York State Department of Social Services has granted a waiver to the regulations which allows Erie County to give water allowances to recipients when the bill is addressed to "occupant", IF AND ONLY IF, the client pays his or her water bills directly to the Water Company AND the landlord agrees to the following terms:

1. THE LANDLORD AGREES to take responsibility for any water bills incurred prior to this tenant's date of occupancy.
2. THE LANDLORD AGREES to make payments or arrangements on any outstanding balance due after the Public Assistance recipient's share has been identified, in threatened or actual shut-off situations. This payment or arrangement must be made before Erie County can make payment on the PA recipient's share. This payment/arrangement, by the landlord, may include bills incurred prior to the tenant's occupancy, and bills incurred by other tenants (in a multi-dwelling) who have not paid their share of the water bill.

The undersigned certifies that he or she, as the owner or agent of the specified property, agrees to the above terms.

Owner/Agent

Date _____

CHILD SUPPORT VERIFICATION
PLEASE COMPLETE ONE FORM FOR EACH CHILD IN FULL
(NUMBERS 1-5 MUST BE COMPLETED)

1. Client: _____ Case No: _____

Address: _____ Worker: _____

2. Child Name/DOB: _____

Absent Parent of Child: _____

Address: _____

3. I do receive child support from the above absent parent in the amount of \$ _____
(frequency: check one) weekly, _____ bi-weekly, _____ monthly _____.

I do not receive child support from the above absent parent for the following reason:

4. The above absent parent **is available** to watch (babysit) his/her child while the parent is working/attending high school or GED program.

The above absent parent **is not available** to watch (babysit) his/her child while parent is working/attending high school or GED program **for the following reason(s):**

5. Signed by Client: _____

(Date)

CHILD SUPPORT VERIFICATION

PLEASE COMPLETE ONE FORM FOR EACH CHILD IN FULL

(NUMBERS 1-5 MUST BE COMPLETED)

1. Client: _____ Case No: _____

Address: _____ Worker: _____

2. Child Name/DOB: _____

Absent Parent of Child: _____

Address: _____

3. I do receive child support from the above absent parent in the amount of \$ _____
(frequency: check one) weekly, _____ bi-weekly, _____ monthly _____.

I do not receive child support from the above absent parent for the following reason:

4. The above absent parent **is available** to watch (babysit) his/her child while the parent is working/attending high school or GED program.

The above absent parent **is not available** to watch (babysit) his/her child while parent is working/attending high school or GED program **for the following reason(s):**

5. Signed by Client: _____

(Date)

