

## Child Support Verification

**Parents/Guardians/Foster Parents must fill out this form whether they are or are not receiving child support payments from each absent parent(s) for ALL children living in the home.**

**Failure to complete and return this form or provide valid documentation will result in the loss of your child care scholarship.**

*By signing this form you are verifying the information provided on this form is true and complete to the best of your knowledge, and that you fully understand that any omissions, falsifications or misrepresentations may disqualify your child(ren) from receiving child care scholarship and that you may be liable for prosecution under the full extent of the law plus repayment of ineligible child care services.*

**ABSENT PARENT INFORMATION:** (Please complete a **separate** form for each absent parent)

Absent Parent's Name: \_\_\_\_\_ He/she is the parent of: \_\_\_\_\_

Court Ordered  Yes  No And \_\_\_\_\_

If yes, what State \_\_\_\_\_: Case#: \_\_\_\_\_ And \_\_\_\_\_

**SECTION ONE- ARE YOU CURRENTLY RECEIVING CHILD SUPPORT:**

I **DO NOT** receive child support

I **DO** receive child support

I agree to notify the Early Learning Coalition within ten (10) calendar days if my situation changes in any way.

Parent's/Guardian's Name (PRINT): \_\_\_\_\_ Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION TWO – TO BE COMPLETED BY THE ABSENT PARENT(S):**

I do not pay child support.  I have not paid child support since: \_\_\_\_\_

I consistently pay child support in the amount of \_\_\_\_\_ per week/bi-weekly/monthly (circle one).

I pay child support that varies from week to week. In the past four weeks, I have paid the following amounts:

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Signature of Absent Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION THREE – TO BE COMPLETED BY YOUR ELC CASEWORKER**

I have verified with the Child Support Office via a telephone call with \_\_\_\_\_ that no payments are being received.

I have verified with the Child Support Website that no payments are being received.

Signature of ELC Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please Note if you are unable to verify the receipt or non-receipt of child support in section one or two you will be required to have a third party (i.e. relative, friend, etc.) complete a written statement verifying this information.\*\***