

## **Child Support Verification Form**

Parents/Guardians/Foster Parents are required to provide proof of the amount of child support payments received from each absent parent(s) (as applicable) on ALL children living in the home at initial placement and each redetermination. Failure to complete and return this form or provide valid documentation can result in the loss of your subsidized child care services. Omissions, falsifications or misrepresentations may disqualify your children from child care services and may be cause for repayment of ineligible services.

\*\*If you receive child support, please submit a copy(s) of your last documented proof of child support received.\*\*

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	e # And	
Signature of Custodial Parent	Date	

If you **do not** receive child support and the absent parent(s) has no contact with the child(ren), complete **Section One.** If you know where the absent parent(s) is/are and have contact with them, **you must** have the absent parent complete **Section Two. Forms are included for use for each absent parent.** 

SECTION ONE- NON-RECEIPT OF CHILD SUPPORT: (To be completed by the parent/guardian only if you do not receive child support)			
If you are not receiving child support, please explain why:			
Date Last Received:			
omissions, falsifications or misrepresentations may disqualify my child(ren) from receiving child care service and that I may be liable for prosecution under the full extent of the law plus repayment of ineligible child care services.			
SECTION TWO- ABSENT PARENT(S): Choose and check the selection that applies to you:			
1 I do not pay child support I have not paid child support since:			
2 I consistently pay child support in the amount of per week/bi-weekly/monthly (circle one)			
3 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 Phone			