

CHILD CARE PAYMENT PROGRAM

711 East Main St. Quincy, CA 95971 – (530) 283-2735 Fax: (530) 283-3647

CHILD SUPPORT DECLARATION

Parent name: _____

Child(ren)'s name(s)- (If not all children in the family have the same father and mother, a separate form must be completed for each absent parent): _____

I am not receiving any child support in the form of money or goods or services.

_____ (parent initials)

I am receiving child support in the form of money or goods or services. Complete the sections that apply below:

(Documentation to prove amounts reported will need to be submitted; i.e. documentation from the CA Department of Child Support Services, bank statement, copy of checks, etc.)

Part I - Choose one of the following:

1. Child support is received through the CA Department of Child Support Services
2. Child support is received directly from the Absent Parent
 - If support is received in cash and documentation to prove amount reported cannot be submitted, complete the enclosed *Self Certification of Income*.
3. Child support is received in Goods and Services directly from the Absent Parent, in the form of: _____

Part II - If you selected either #1 or #2, above, complete one of the following:

My child support amounts **do not vary**. I am receiving \$ _____ in child support monthly semi-monthly bi-weekly weekly (check one).

My child support amounts **vary** month to month. I estimate to receive an average of

\$ _____ in child support monthly. I understand this means I will need to supply proof of my child support for the next three months.

I understand subsidized child care is provided in connection with the receipt of State and Federal funds; that officials may verify this information at any time; and any suspected fraud will be reported to the District Attorney which may result in charges being filed, repayment of services providers and/or prison time. I declare under penalty of perjury that I have disclosed all eligibility information and this information is true and correct.

Parent Signature: _____ Date: _____