## **CHILD CARE PAYMENT PROGRAM**

711 East Main St., Quincy CA 95971 (530) 283-4453 Fax: (530) 283-3647

## **Declaration Statement of Facts**

□ Custody Declaration	□ Work Declaration	□ Other Declaration	Please explain below:
I declare under penalty of knowledge. I further acknowledge acknowledge acknowledge. I further acknowledge acknowledge acknowledge.	wledge and give authoriza	tion to Plumas Rural Servic	
Parent/Guardian Print Nan	ne		
Parent/Guardian Signature	······		 Date