



EARLY LEARNING COALITION  
OF POLK COUNTY

## Child Support Form

**All parents/guardians must complete this form.  
Use additional forms for each absent parent.**

As an applicant for child care services with the Early Learning Coalition of Polk County, you are required to inform us of the status of child support for each absent parent of your child (ren) upon placement and at every re-determination. Failure to complete this form may result in loss of child care subsidy or denial of services.

Complete **Section I**, if you do not receive child support and the absent parent has no contact with your child(ren). **Section II** must be completed by absent parent, if you are unable to provide child support documentation.

Name of absent parent: \_\_\_\_\_

Child(ren)'s name: \_\_\_\_\_

### Section I

**Section I – To be completed by the Custodial Parent not Receiving Child Support:**

If you do not receive child support and the absent parent has no contact with your child(ren), complete this section. If you are not receiving child support, please explain why: \_\_\_\_\_

**Date Last Received:** \_\_\_\_\_

### Section II

**Section II – To be completed by Absent Parent:**

Select one option.

1. \_\_\_\_\_ I do not pay child support/have not paid since: \_\_\_\_\_
2. a. \_\_\_\_\_ I consistently pay child support in the amount of \_\_\_\_\_ per week/month.
- b. \_\_\_\_\_ I pay child support that varies from week to week. In the past six weeks, I have paid the following amounts:
 

Date: _____	Amount Paid: _____	Date: _____	Amount Paid: _____
Date: _____	Amount Paid: _____	Date: _____	Amount Paid: _____
Date: _____	Amount Paid: _____	Date: _____	Amount Paid: _____

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

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I am fully aware that if my income (including child support), address, phone number or any other information pertaining to my case changes, I have 10 days to notify Early Learning Coalition of Polk County. If I fail to do so, child care services will be terminated.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_