EARLY LEARNING COALITION
OF POLK COUNTY

FORM 130
Parent Attestation

Date:_____

I, (print name)_____, am separated from/no longer reside with (print name)_____. I ***(circle one)*** provide/receive (amount - $0 if none) $_____in child support every ***(circle one)*** week/ month for the following children (print children's names)_____

_____.

I ***(circle one)*** remain in/no longer have contact with other parent. If no longer, state reason _____

_____

My address is:

Address:_____ City:_____ State:_____ Zip Code:_____

Phone:_____ Signature:_____

Signature must be completed in the presence of a notary:

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 14 days to notify Early Learning Coalition of Polk County. If I fail to do so, child care services may be terminated.

I understand that if I knowingly give wrong information or fail to update any of the above listed information, I may be liable for prosecution under Florida Statute 414.39, Public Assistance Fraud.

Signature _____

STATE OF FLORIDA - COUNTY OF POLK
Affidavit of Witness to Signature/Identification

STATE OF FLORIDA

COUNTY OF_____

The foregoing instrument was acknowledged before me this_____day of 20___by_____

(name of person acknowledging.)

Personally known:_____

OR Produced Identification:_____

Type of Identification Produced:_____

_____
Signature of Notary Public

Print, Type/Stamp Name of Notary