



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 by

means of ☐ physical presence OR ☐ online notarization

this _____ day of _____, _____

by _____

(Signature of Notary Public)

(Print Name of Notary Public)

Personally known ☐ OR produced identification ☐

Type of Identification Produced _____

Notary Stamp/Seal