

SCHOOL READINESS PROGRAM
CHILD SUPPORT VERIFICATION FORM



Special Note: If you have a court order for child support, please attach proof. Obtain printout and depository number from CSE office at www.myfloridacounty.com

Custodial Parent Name: _____

If you are a Parent/Guardian and do not live with the father/mother of all the child(ren), you are required to inform us of the status of child support for each absent parent(s) at each placement and redetermination.

You need to provide proof of the amount of child support for each child counted in the household. Failure to complete and return this form can result in the loss of your child care funding.

- If you **do not** receive child support and the absent parent(s) has no contact with the child(ren), complete **Section One**.
- If you have contact with the absent parent(s), you must have the absent parent complete **Section Two**. Extra forms are available if there is more than one absent parent at <http://www.sdhc.k12.fl.us/doc/list/school-readiness/documents-forms/153-711>

ABSENT PARENT INFORMATION

Absent Parent Name: _____

He/she is the parent of : *(List all children separated by commas)* _____

Is Child Support Court Ordered? Yes No **If Yes, what State:** _____ **Depository #** _____

SECTION ONE – NONRECEIPT OF CHILD SUPPORT:

*(To be completed by the parent/guardian only if you **do not** receive child support)*

If you are not receiving child support, please explain why:

Date Last Received: _____

The information provided on this form is true and complete to the best of my knowledge. I fully understand that any omissions, falsifications or misrepresentations may disqualify my child(ren) from receiving child care funds and that I may be liable for prosecution under the full strength of the law plus repayment of ineligible child care services.

Custodial Parent's Signature

Date

SECTION TWO – COMPLETED BY ABSENT PARENT(S):

Choose and check the selection that applies to you:

- I do not pay child support. I have not paid child support since: _____
- I consistently pay child support in the amount of _____ per: week bi-week month
- 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