

If you have a court order for Child Support, please attach proof. Obtain printout and depository number from Child Support Enforcement office at www.myfloridacounty.com

Custodial Parent/Guardian 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 I**.
- If you have contact with the absent parent(s), you must have the absent parent complete **Section II**.

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 I- 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 of Last Payment 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/Guardian's Signature

Date

SECTION II- COMPLETED BY ABSENT PARENT(S)

(Choose 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 Absentee Parent

Date

Address

Phone