VERIFICATION OF CHILD SUPPORT

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Child Care Worker's Name   Case No.

_____

Applicant's Name

_____

Mailing Address (Street or Post office Box)

_____

City   State   Zip Code

_____

Area code   Home Telephone Number   Area Code   Work or Mobile Number

List all of the children in your household who receive child support.

Child's Name	Absent Parent's Name	Mailing Address, city, state, zip code	Amount Received	*Frequency (W, ETW, M, ETM, Q, LS, O)
Total amount of child support for income unit $				

*Use one of the following "letters" to indicate frequency of payment: W (weekly, ETW (every two weeks), M (Monthly), ETM (Every two months), Q (Quarterly), L (Lump Sum), O (other- please be specific).

I certify that the child support information provided above is correct.

_____

Applicant's Signature   Date

Note to the Child Care Worker: Use this form **only** when the absent parent who pays child support directly to the applicant refuses to provide a signed statement to the recipient or LPA.