VERIFICATION OF CHILD SUPPORT

_____

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 Telephone 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 (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 parent or LPA.

Attachment 3