

JCCEO CHILD DEVELOPMENT SERVICES
HEAD START **EARLY HEAD START**

CHILD SUPPORT DECLARATION

This is to verify that I, _____, pay to _____,
(Print name)
_____ the amount of \$ _____ per _____
(Print name)
as child support for _____ (Name of child).

I have paid child support from: _____ to _____
(Date) (Date)

Certification: *I certify that this information is true and correct. If any part is false, I understand that the above named child's participation in the program may be terminated and subject to legal action. I also understand that this information will be held in strict confidence within the agency and is accessible to me during normal working hours.*

Signature: _____ Date: _____

Address: _____ Phone: _____
Street City State Zip

(To be completed by parent completing the Head Start application if the above is their only income)

This is to certify that the above child support is the only income I receive for my children and myself. _____ (Initial)

Certification: *I certify that this information is true and correct. If any part is false, I understand that my child's participation in the program may be terminated and subject to legal action. I also understand that this information will be held in strict confidence within the agency and is accessible to me during normal working hours.*

Parent/Guardian
Signature: _____ Date: _____

Signed by: _____
Notary

Print Name: _____

This the _____ day of _____ 20____

My Commission expires: _____