



Please return to: Early Learning Coalition of Pasco & Hernando Counties
7334 Little Road, Suite 102
New Port Richey, FL 34654
Phone: 727-569-1004 Fax: 727-847-6929

Caseworker: _____ Ext. _____

Child Support Verification Form

Parents/Guardians/Foster Parents are required to provide proof of the amount of child support payments received from each absent parent(s) (as applicable) on **ALL** children living in the home at initial placement and each redetermination. **Failure to complete and return this form or provide valid documentation can result in the loss of your subsidized child care services.** Omissions, falsifications or misrepresentations may disqualify your children from child care services and may be cause for repayment of ineligible services.

****If you receive child support, please submit a copy(s) of your last documented proof of child support received.****

ABSENT PARENT INFORMATION: (Please complete a separate form for each absent parent)

Absent Parent's Name: _____ He/She is the Parent of _____

Court Ordered: Yes No And _____

If yes, what State _____ Case # _____ And _____

Signature of Custodial Parent _____ Date _____

If you **do not** receive child support and the absent parent(s) has no contact with the child(ren), complete **Section One**. If you know where the absent parent(s) is/are and have contact with them, **you must** have the absent parent complete **Section Two**. Forms are included for use for each absent parent.

SECTION ONE- NON-RECEIPT 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: _____ Signature of Custodial Parent: _____ Date: _____

The information provided on this form is true and complete to the best of my knowledge. I fully understand that any

SECTION TWO- ABSENT PARENT(S): Choose and check the selection that applies to you:

1. ____ I do not pay child support. ____ I have not paid child support since: _____

2. ____ I consistently pay child support in the amount of _____ per week/bi-weekly/monthly (circle one)

3. ____ 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 _____