

# Child Care Financial Assistance Program

## Child Support Information

You have reported that your spouse/partner is no longer in the home and you are separated. Please complete the information below in order for your child care financial assistance to be re-determined. If you are currently married or have ever been married, you must provide proof of legal separation at your next re-determination date.

If you are receiving child support, complete the boxes below.

*If you receive court ordered child support please submit a 6 - 12 month child support disbursement record.*

Amount Received	Court Ordered?		Name of child for whom support is received	Name of absent person paying child support
	Yes	No		
\$ _____ per _____	<input type="checkbox"/>	<input type="checkbox"/>		
\$ _____ per _____	<input type="checkbox"/>	<input type="checkbox"/>		
\$ _____ per _____	<input type="checkbox"/>	<input type="checkbox"/>		

If you are not receiving court ordered child support you must provide a detailed explanation below including the name and physical address of the second parent. Please indicate how much he/she contributes monthly. If the contribution is in the form of goods (diapers, wipes, clothing), mortgage payments, rent payments, etc., please indicate a monthly value in dollars.

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Second Parent: \_\_\_\_\_

Physical Address of Second Parent: \_\_\_\_\_  
 \_\_\_\_\_

Monthly Child Support Amount Contributed: \_\_\_\_\_

Please Note: If we are unable to verify the physical address of the second parent, additional documentation may be necessary.

- I certify that the information given on this form is true and correct to the best of my knowledge.
- I understand that I could be subjected to prosecution for fraud if I provide incorrect or misleading information or do not report changes to the above within 10 business days.
- I understand that I am required to report any changes that may affect my eligibility within 10 business days.

\_\_\_\_\_  
 Applicant Name (Please Print)

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

