



SCHOOL READINESS PROGRAM
VERIFICATION OF CHILD SUPPORT
FROM NON-CUSTODIAL PARENT



TO BE COMPLETED BY NON-CUSTODIAL PARENT

Name: _____

Child(ren): _____

☐ I do not pay child support and have not paid since: _____

☐ I consistently pay child support in the amount of \$ _____ ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly

☐ 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 \$ _____

The information provided on this form is true and complete to the best of my knowledge. I fully understand that any omissions, falsifications or misrepresentations may disqualify my child(ren) from receiving child care services and that I may be liable for prosecution under the full extent of the law plus repayment of ineligible child care services.

Absent Parent's Signature: _____ Date: _____

Physical Address: _____

Phone Number: _____

COALITION USE ONLY

☐ I verified the information with the Non-Custodial Parent

Family Services Staff Signature: _____ Date: _____