

Child Support Verification Form

Custodial Parent/Guardian Name: _____

If you are the Custodial Parent/Guardian and do not live with the father/mother of all of the child(ren), you are required to inform us of the status of child support for each non-custodial parent(s) at each placement and redetermination. Failure to complete and return this form can result in the loss of your child care services.

If you receive court ordered child support, please attach proof. Obtain a printout from the Child Enforcement Office or www.myfloridacounty.com. If you receive non-court ordered child support, attach the completed IRMO-SR09 Verification of Child Support Non-Custodial Parent form.

SECTION ONE	ABSENT PARENT INFORMATION: (Please complete a separate form for EACH non-custodial parent)
Absent Parent's Name: _____	
Court Ordered Child Support: <input type="checkbox"/> Yes (attach printout) <input type="checkbox"/> No	
He/She is the parent of _____	

SECTION TWO	NON-RECEIPT OF CHILD SUPPORT: (To be completed by the custodial parent/guardian only if you do not receive child support)
If you are not receiving child support, please explain why: _____ _____	
Date of last payment received: _____	
<i>By signing this form, I am certifying all the above information and statements are true & correct.</i>	
Custodial Parent/Guardian's Signature: _____ Date: _____	
PUBLIC ASSISTANCE FRAUD - Any person who knowingly: <ul style="list-style-type: none"> • Fails, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose a material fact used in making a determination as to such person's qualification to receive public assistance under any state or federally funded assistance program; • Fails to disclose a change in circumstances in order to obtain or continue to receive any such public assistance to which he or she is not entitled or in an amount larger than that to which he or she is entitled; or • Aids and abets another person in the commission of any such act, commits a crime and shall be punished 	

COALITION USE ONLY	
Client provided child support printout: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Services Staff Signature: _____ Date: _____	

