



CHILDREN'S
HOME
SOCIETY OF
CALIFORNIA

www.chs-ca.org

Address Declaration

Provider Name: «ProviderName»

I declare that my **physical address** (where care will take place) is:

I declare that my **mailing address** (if different from the address noted above) is:

I declare that my **main address**, as listed on my W-9 (if a different address from above is used for Corporation Federal Tax Classification on W-9 only) is:

My **email address** is:

I declare this information is true and correct. I understand that a willful statement of false information for the purpose of receiving state subsidized child care services is considered fraud and is an offense punishable by law. I certify, under penalty of perjury, that the above information is accurate.

Signature

Date