

CHILDREN'S HOME SOCIETY OF CALIFORNIA

DECLARATION

Parent Name (Please Print): _____ Month/Year _____

Please select one of the following options:

- ☐ I declare that my income for the above month and year is \$0.00.
- ☐ I declare that the income for the following child(ren) for the above month and year is \$0.00.

Name(s) of child(ren)

Please describe how your and/or the child(ren)'s living expenses are being paid for:

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

FOR CHS OFFICE USE ONLY:

☐ Primary Parent ☐ Secondary Parent

Notes: _____

Staff Name: _____ Staff Title: _____

Staff Signature: _____ Date: _____