Relative/Non-Relative Affidavit

Parent/Guardian _____ SS# _____

Child Name _____ SS# _____

Child Name _____ SS# _____

Child Name _____ SS# _____

Provider Name _____ SS# _____

[ ] I am related to the child(ren) by blood or marriage. Please explain family Relationship between Child(ren) and Provider: _____

[ ] Childcare will be provided at the following address: _____

_____

[ ] I am not related to the child(ren). I understand that according to the Coalition, I will be providing care in the child(ren's) home.

[ ] Childcare will be provided at the following address: _____

_____

I affirm that the information contained in this document is true and accurate. I understand that this form must be submitted to Coordinated Child Care **prior** to enrolling children in your home and that no monies will be disbursed to you until this form is reviewed. If any of the information is false or misleading, I understand that I will be responsible for repayment of any childcare monies paid that did not comply with the guidelines set forth by the Coalition.

In order to ensure timely reimbursement, a Notary Public must endorse the signature of the parent and the provider. Documents that do not have both signatures notarized will be returned and result in a payment delay.

_____
Signature of Parent/Guardian Date

Sworn to and subscribed before me this

_____day of _____, 20

_____
Notary Public

_____
My Commission Expires

_____
Identification Number

_____
Type of Identification Provided

_____
Signature of Provider Date

Sworn to and subscribed before me this

_____day of _____, 20

_____
Notary Public

_____
My Commission Expires

_____
Identification Number

_____
Type of Identification Provided