

Date: _____

To whom it may concern:

I, _____ (print name), am separated from/no longer reside with
_____ (print name). We have not lived together since
_____ (date).

I provide/receive (circle one) \$_____ (amount \$0 if none) in child support every
week/month (circle one) for the following children

_____ (print
children's names).

Support is provided as cash / check / money order / electronic transfer (circle one)

I declare that the above information is true and complete to the best of my knowledge. I
know that if I knowingly give false information, I am liable for prosecution under state law.
Further, I give my consent to the Early Learning Coalition of Osceola County, as well as the
Department of Children & Families, and the Division of Public Assistance Fraud to make
inquiries into all statements made above.

Signature of Person Making Statement

Date

(Section below to be completed by Notary)

Subscribed and sworn to, before me this _____ day of _____, 20_____

My commission expires: _____

County of: _____

Signature of Notary: _____