Child Care Financial Assistance Program
Child Support Information

You have reported that your spouse/partner is no longer in the home and you are separated. Please complete the information below in order for your child care financial assistance to be re-determined. If you are currently married or have ever been married, you must provide proof of legal separation at your next re-determination date.

If you are receiving child support, complete the boxes below.
*If you receive court ordered child support please submit a 6 - 12 month child support disbursement record.*

<table>
<thead>
<tr>
<th>Amount Received</th>
<th>Court Ordered?</th>
<th>Name of child for whom support is received</th>
<th>Name of absent person paying child support</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Yes</td>
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</tbody>
</table>

If you are not receiving court ordered child support you must provide a detailed explanation below including the name and physical address of the second parent. Please indicate how much he/she contributes monthly. If the contribution is in the form of goods (diapers, wipes, clothing), mortgage payments, rent payments, etc., please indicate a monthly value in dollars.

Explanation:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name of Second Parent: ______________________________________________________

Physical Address of Second Parent: __________________________________________

Monthly Child Support Amount Contributed: ________________________________

Please Note: If we are unable to verify the physical address of the second parent, additional documentation may be necessary.

- I certify that the information given on this form is true and correct to the best of my knowledge.
- I understand that I could be subjected to prosecution for fraud if I provide incorrect or misleading information or do not report changes to the above within 10 business days.
- I understand that I am required to report any changes that may affect my eligibility within 10 business days.

Applicant Name (Please Print)

Signature of Applicant                                                  Date

http://dcf.vermont.gov/cdd

Agency of Human Services

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