



Child Support Statement

Date: _____

Select one of the statements listed below based on support for each child in the household.

I hereby certify that **I DO** receive child support for the following children: Proof of child support must be provided for the last 4 weeks (i.e. a written statement from absent parent, paystubs, a document from Clerk of Court, or a print out from www.myfloridacounty.com)

Child(ren) Name	Absent Parent Name
_____	_____
_____	_____
_____	_____

The last known address for the other parent(s) is:

Home address: _____ City: _____ State: _____ Zip code: _____
Home address: _____ City: _____ State: _____ Zip code: _____
Home address: _____ City: _____ State: _____ Zip code: _____
Home address: _____ City: _____ State: _____ Zip code: _____

I hereby certify that **I DO NOT** receive child support for the following children: **Every child included in the household must be listed.**

Child(ren) Name	Absent Parent Name
_____	_____
_____	_____
_____	_____

The last known address for the other parent(s) is:

Home address: _____ City: _____ State: _____ Zip code: _____
Home address: _____ City: _____ State: _____ Zip code: _____
Home address: _____ City: _____ State: _____ Zip code: _____
Home address: _____ City: _____ State: _____ Zip code: _____

I agree to notify the Early Learning Coalition of Broward County within fourteen (14) days if my situation changes in any way.

Client Name

Client Signature

Date