

# Early Learning Coalition of Florida's Heartland, Inc.

www.elcfh.org

## Verification of Family Status

**(Form must be notarized)**

I, \_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ verify that I am currently:  
(Name) (Social Security Number)

single       married       separated       divorced       widowed

and that I currently receive the following for the following child (ren) in my household.

Child Name	Relationship (Ex: son, nephew, etc)	Amount Received	Frequency (Ex: Weekly , Biweekly Semi-Monthly, Monthly, etc.)	Source of the income (Ex: Child Support, TANF, SSI, etc)*
		\$		
		\$		
		\$		
		\$		

Do you currently live with the father/mother of the child (ren) that ELCFH currently serves?  Yes  No

\* ELCFH staff reserves the right to request additional written documentation.

I certify that the information I have given is true and correct. I understand that if it is discovered that I have not been truthful with this information, I may and can be prosecuted for fraud. I may and will be required to pay back financial assistance I received from the county or state for the child care for my child (ren).

I understand that it is against the law to receive child care for my child (ren) by giving false information. I also understand that I must notify the Early Learning Coalition of Florida's Heartland, Inc. in person of any changes in my family status or risk losing my child care.

\_\_\_\_\_  
Signature of Parent/Guardian Date

State of Florida, County of \_\_\_\_\_

Personally known     Identification used \_\_\_\_\_

Notarized this \_\_\_\_ day of \_\_\_\_\_ in year 201\_\_

Signature \_\_\_\_\_



**Charlotte Office**  
2886 Tamiami Trail, Suite 1  
Port Charlotte, FL 33952  
Phone: (941) 255-1650  
Fax: (941) 255-5856

**DeSoto & Hardee Office**  
4 West Oak Street, Suite H  
Arcadia, FL 34266  
Phone: (863) 494-5233  
Fax: (863) 494-5291

**Highlands Office**  
6432 U.S Highway 27 South  
Sebring, FL 33876  
Phone: (863) 314-9213  
Fax: (863) 314-4480



*"INVESTING IN CHILDREN – INVESTING IN OUR FUTURE"*

# Early Learning Coalition of Florida's Heartland, Inc.

[www.elcfh.org](http://www.elcfh.org)

## Verificación del Status Familiar

**(Esta forma debe ser certificada ante un notario)**

Yo, \_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ verifico que estoy actualmente:  
(Nombre) (Número de Seguro Social)

soltero/a     casado/a     separado/a     divorciado/a     viudo/a

y que estoy recibiendo la siguiente cantidad monetaria para el (los) niño(s) a mi cargo.

Nombre del niño	Relación (Ex: hijo, sobrino, etc)	Cantidad Recibida	Frecuencia (Ex: Semanal, cada dos semanas, Dos veces por mes, Mensual, Etc..)	Origen del ingreso (Ex: Soporte para el niño (child Support), TANF (asistencia en efectivo), pension del seguro social (SSI), etc)*
		\$		
		\$		
		\$		
		\$		

¿Vive ud. con el padre/madre de los niños que están recibiendo servicios?  Si     No

\* El personal de ELCFH se reserva el derecho de solicitar documentación escrita adicional.

Certifico que la información que he dado es verdadera y correcta. Entiendo que si se descubre que no he sido honesto/a con esta información puedo ser procesado por fraude y ser requerido de pagar toda la ayuda financiera que haya recibido del condado o del estado para el cuidado de mi niño(s).

Entiendo que es contra la ley recibir asistencia de ELCFH para el cuidado de mi niño(s) dando información falsa. También entiendo que debo notificar a la oficina de Early Learning Coalition of Florida's Heartland, Inc de cualquier cambio en mi status de familia o correría el riesgo de perder los servicios de guardería para mis niños.

Firma del padre/ guardián \_\_\_\_\_ Fecha \_\_\_\_\_  
State of Florida, County of \_\_\_\_\_

Personally known     Identification used \_\_\_\_\_

Notarized this \_\_\_\_\_ day of \_\_\_\_\_ in year 201\_\_\_\_\_

Signature \_\_\_\_\_



**Charlotte Office**  
2886 Tamiami Trail, Suite 1  
Port Charlotte, FL 33952  
Phone: (941) 255-1650  
Fax: (941) 255-5856

**DeSoto & Hardee Office**  
4 West Oak Street, Suite H  
Arcadia, FL 34266  
Phone: (863) 494-5233  
Fax: (863) 494-5291

**Highlands Office**  
6432 U.S Highway 27 South  
Sebring, FL 33876  
Phone: (863) 314-9213  
Fax: (863) 314-4480



*"INVESTING IN CHILDREN - INVESTING IN OUR FUTURE"*

