

Child Care Assistance and Referral Program Verification of Contribution (Child Support)

*****This form must be completed in full to show the type and the amount of support your family is receiving from the absent parent. Support can be given in many ways, for example food, shelter, money and personal care items. Failure to complete this form entirely may result in delay of child care services. Thank you! *****

Client Name: _____

Have you filed with the Division of Child Support Enforcement (DCSE)? Yes No
Case Number _____

Absent parent name:	Child name:	How often:	Amount:
			\$
			\$
			\$
			\$
			\$
			\$

*****In addition to the amount above are you receiving any of the following from the absent parent? Please do not include any SNAP/Food Stamps or TANF you might receive*****

Food: Yes No Estimated monthly amount \$ _____

Daily Needs: (Personal products, such as formula, diapers, clothing, etc.) Yes No
Estimated monthly amount \$ _____

Other financial support: (Such as alimony, car insurance, car payment or utilities being paid):
Do you receive the support as cash? Yes No
Total monthly amount received \$ _____

Does the absent parent pay for your rent/mortgage as part of your support? Yes No
Total monthly amount \$ _____

Are you paying Child Support on behalf of someone who does not live with you? Yes No
Total monthly amount paid \$ _____

I certify that that to the best of my knowledge, the above information is true and correct. I agree that you may contact me if further verification is necessary.

Signature: _____ Date: _____

Phone Number: _____

Return to CCAR by Fax Number: 703-324-3917 or by e-mail: OFCCCARINFO@fairfaxcounty.gov

Attention: _____ TEAM: _____