

THIS DOCUMENT MUST BE NOTARIZED

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 inquiry into all statements made above.

Printed Name of Person Making Statement

Phone Number of Person Making Statement

Relationship to Client

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: _____