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: ________________________________