



Relative/Non-Relative Affidavit

Parent/Guardian _____ SS# _____
Child Name _____ SS# _____
Child Name _____ SS# _____
Child Name _____ SS# _____
Provider Name _____ SS# _____

[] I am related to the child(ren) by blood or marriage. Please explain family Relationship between Child(ren) and Provider: _____

[] Childcare will be provided at the following address: _____

[] I am not related to the child(ren). I understand that according CCC Funders, I will be providing care in the child(ren's) home.

[] Childcare will be provided at the following address: _____

I affirm that the information contained in this document is true and accurate. If any of the information is false or misleading, I understand that I will be responsible for repayment of any childcare monies paid that did not comply with the guidelines set forth by CCC Funders.

In order to ensure timely reimbursement, a Notary Public must endorse the signature of the parent and the provider. Documents that do not have both signatures notarized will be returned and result in a payment delay.

Signature of Parent/Guardian _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20

Notary Public _____

My Commission Expires _____

Identification Number _____

Type of Identification Provided _____

Signature of Provider _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20

Notary Public _____

My Commission Expires _____

Identification Number _____

Type of Identification Provided _____

