



Family Written Declaration of Income

This eligibility statement is to be used to verify information needed for enrollment into The Ohio State University Early Head Start Partnership Program. This form is to be used only when no other means of documentation is available.

Child's name: (print) _____

Parent/Guardian's name (print): _____

All of the following checked sections apply to my current situation for which I cannot provide any other type of documentation:

- Zero Income (please provide month & year)
Income (please provide month & year)
Homeless
Child's custody status:
Verification of child's birth date/age:

I certify the information I provided on this form is a truthful and accurate account of my family's current status. The enrollment and services for my child and family may be terminated if any information I have provided is found to be fraudulent.

Parent/Guardian signature: _____ Date: _____

The signature below certifies that I, an employee of Directions for Youth and Families, have made reasonable efforts to collect the above documents. To the best of my knowledge, this information is truthful and accurate as provided by the parent/guardian during enrollment.

Staff signature: _____ Date: _____

