

This verification statement should be used to verify information needed for enrollment into The Ohio State University Early Head Start Partnership Program. This form is only to be used in the instance that no other means of documentation is available.

Name of Child: *(please print)* _____

Name of Guardian: *(please print)* _____

By signing below as the child's guardian, I give permission for The Ohio State University Early Head Start Partnership Program to contact a third party to verify information necessary for enrollment purposes only.

Signature of Child's Guardian: _____ Date: _____

Signature of Early Head Start Staff: _____ Date: _____

Fax: _____

(This portion to be completed by Third Party)

The above parent/guardian has applied for Early Head Start services and cannot provide documents for the items listed below. Please provide the missing information and fax this form back to the number above. The applicant has consented to this release of information as shown above.

Zero Income

- o Current family income is \$0 (zero).
Current bills are being paid by _____

Income

- o The family currently has an income of \$ _____ per year, but cannot provide verification.
- o Number of family members in the household associated with this income _____.

Assistance

- o Food Stamps: monthly amount \$ _____
- o Cash Assistance: monthly amount \$ _____
- o SSI Payments: monthly amount \$ _____

Homeless

- o Family lives in a homeless shelter.
- o Family lives in a hotel/motel.
- o Family lives in car/outside within no permanent building structure.
- o Family temporarily lives with friends or family.
- o Child waiting foster care placement.
 - The temporary address is: _____

Child's custody status:

- o Child is currently in the care of (name) _____
- o relationship to the child _____

Verification of child's birth date/age:

- o Child's information:
 - Legal Name: _____
 - Date of Birth: _____

By signing below as a third party, I certify that the above information I provided on this form is a truthful and accurate account of the family's current situation. The enrollment and services for this child and family may be interrupted if any of the information is found to be fraudulent.

Third Party

Name (print): _____

Signature: _____

Date: _____

Agency or relationship to family: _____

Phone number: _____