

PARENT/CARETAKER AND RELATED PROVIDER ATTESTATION OF RELATIONSHIP TO CHILD

Parent's First Name: _____ Last Name: _____

The information contained in this form is a true statement of the relationship between my child(ren) and the provider.

List your child's name	Relationship to provider

ATTESTATION BY PARENT

I hereby swear/affirm that (**Provider Name**): _____ is related to my child(ren) as indicated below. This information is true, correct and complete to the best of my ability, knowledge and belief. I understand that information may be shared with other Department of Human Services programs and the Office of the Inspector General. Further, I understand that the penalty for false swearing (affirming false information to mislead a public servant) is a misdemeanor of the third degree pursuant to Section 4903(b) of the Criminal Code and that I can be penalized by fine, imprisonment, subsidized child care ineligibility, or a combination of these three for making any false statements. I understand that if I receive subsidized child care for which I was not eligible, I will be required to pay back the child care funds paid on my behalf during the period of time when I was ineligible.

Relationship to the child (including by marriage, court decree or blood relationship):

- Grandmother
- Grandfather
- Great Grandmother
- Great Grandfather
- Aunt
- Uncle
- Sibling 18 years of age or older and not living in the child's home

Print Parent's Name

Parent's Signature

Date

ATTESTATION BY RELATED PROVIDER

I hereby swear/affirm that I am related to (**Child(ren)'s Names**): _____ as indicated above. This information is true, correct and complete to the best of my ability, knowledge and belief. I understand that information may be shared with other Department of Human Services programs and the Office of the Inspector General. Further, I understand that the penalty for false swearing (affirming false information to mislead a public servant) is a misdemeanor of the third degree pursuant to Section 4903(b) of the Criminal Code and that I can be penalized by fine, imprisonment, or a combination of these for making any false statements. I understand that if I receive subsidized child care payments for which I was not eligible, I will be required to pay back the child care funds I received during the period of time when I was ineligible to be a child care provider for the subsidized child care program. If I am I not related to the child(ren) in one of the manners indicated above, I understand that I must be licensed in order to care for this child or other unrelated children in order to receive subsidized child care funds.

Print Provider's Name

Provider's Signature

Date