Orange County Department of Education
Business Services

FAMILY SUPPORT SERVICES

Tel. (714) 708-3860 · Fax (714) 708-2916

Mailing Address

Family Support Services
P.O. Box 9050
Costa Mesa, CA 92628-9050

PARENTAL SELF-DECLARATION

I, _____ hereby declare the following is true and accurate.
Print Name of Parent/Guardian

TRAVEL REQUIREMENT

Indicate minutes needed after drop off at childcare to get to work/school? *(use increments of 30 minutes)*

Indicate minutes needed after work/school for travel to child care? *(use increments of 30 minutes)*

Do you travel by bus? Yes ☐ No ☐ *If you travel by bus, submit bus schedule and map of route.*

If needed use this section to provide details.

I declare under **penalty of perjury** that all the eligibility information disclosed herein is true and correct. Furthermore, I understand subsidized child care is provided in connection with the receipt of State and Federal funds and that officials may verify this information at any time. I understand that I may be disenrolled from child care services and costs may be recovered from me for any child care services provided using fraudulent information or documentation.

Parent Signature _____ Date _____

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	Reasonableness of Assertion? **Yes** ☐ **No** ☐		
Tech Name:		**Date:**	