

## 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	_ ,
I declare under <b>penalty of perjury</b> that all the eligibility information disclosed herein is true and correct. Furthermore, I understand subsidized childcare 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
FOR OCDE FSS USE ONLY	
Reasonableness of Assertion \( \square\) Yes \( \square\) No \( \text{Tect}\)	h Initials: FSS Initials: