



CCSP Single Parent Declaration

CHILD CARE SUBSIDY CONTACT CENTER TELEPHONE NUMBER	CHILD CARE SUBSIDY CONTACT CENTER FAX NUMBER
CLIENT IDENTIFICATION NUMBER	DATE

Complete and sign this form. Provide the information requested below for each child in your household. If you need additional space, please use the back of this form or attach additional pages.

NAME OF CHILD	NAME, ADDRESS, AND DATE OF BIRTH OF OTHER PARENT	I am unable to provide this information because doing so may likely result in serious physical or emotional harm to me or someone in my household: <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF CHILD	NAME, ADDRESS, AND DATE OF BIRTH OF OTHER PARENT <input type="checkbox"/> Same as above.	I am unable to provide this information because doing so may likely result in serious physical or emotional harm to me or someone in my household: <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF CHILD	NAME, ADDRESS, AND DATE OF BIRTH OF OTHER PARENT <input type="checkbox"/> Same as above.	I am unable to provide this information because doing so may likely result in serious physical or emotional harm to me or someone in my household: <input type="checkbox"/> Yes <input type="checkbox"/> No
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NAME OF CHILD	NAME, ADDRESS, AND DATE OF BIRTH OF OTHER PARENT <input type="checkbox"/> Same as above.	I am unable to provide this information because doing so may likely result in serious physical or emotional harm to me or someone in my household: <input type="checkbox"/> Yes <input type="checkbox"/> No

By signing this form, I am certifying that I am a single parent household and do not live with a spouse or another parent of any of my children. I declare under penalty of perjury that the information given by me in this declaration is true, correct and complete to the best of my knowledge and realize that willful falsification of this information by me may subject me to penalties as provided in Washington State Law. (RCW 74.08.055)

CLIENT SIGNATURE	DATE	PARENT / LEGAL GUARDIAN'S PRINTED NAME
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