I declare that the above information is true and complete to the best of my knowledge. I know that if I knowingly give false information, I am liable for prosecution under state law. Further, I give my consent to the Early Learning Coalition of Osceola County’s Direct Service Provider, 4C, as well as the Department of Children & Families, and the Division of Public Assistance Fraud to make inquiry into all statements made above.

________________________________________________________
Printed Name of Person Making Statement  Phone Number of Person Making Statement

________________________________________________________
Relationship to Client

________________________________________________________
Signature of Person Making Statement  Date

(Section below to be completed by Notary)

Subscribed and sworn to, before me this ______ day of __________, 20_________

My commission expires: ________________________________

County of: ________________________________

Signature of Notary: ________________________________

Effective 2.16