CHILD SUPPORT VERIFICATION
PLEASE COMPLETE ONE FORM FOR EACH CHILD IN FULL
(NUMBERS 1-5 MUST BE COMPLETED)

1.   Client: _____   Case No: _____

Address: _____   Worker: _____

2.   Child Name/DOB: _____

Absent Parent of Child: _____

Address: _____

_____

3.   ☐ I do receive child support from the above absent parent in the amount of $ _____

(frequency: check one) weekly, _____ bi-weekly, _____ monthly _____.

☐ I do not receive child support from the above absent parent for the following reason:

_____

_____

4.   ☐ The above absent parent **is available** to watch (babysit) his/her child while the parent is working/attending high school or GED program.

☐ The above absent parent **is not available** to watch (babysit) his/her child while parent is working/attending high school or GED program **for the following reason(s):**

_____

_____

_____

5.   Signed by Client: _____

(Date)

B-5517 (Rev. 5/11)