**Household Rules for Subsidized Child Care:**

* Parents must report all the members of their household as a part of their subsidy application. I understand that I may need to provide documentation for the people listed below.
* Parents must report any changes in who they live with if the change lasts more than 30 total days during a 12 month Authorization.
* A parent who gives false or misleading information may:
  + Be investigated for fraud;
  + Lose their child care subsidy; and/or
  + Have to repay the cost of child care paid on your behalf by EEC.
* The following is a list of people who would count as a member of my household:
  + My spouse, even if they are not related to my children;
  + The other parent of my child who lives in the home with me;
  + My child(ren) who are younger than 18 years old;
  + My child(ren) who are younger than 24 years old if the child is in school full time; and
  + Any relative of my child (Sibling, aunt, uncle, or grandparent) who lives in my home who is financially dependent on me and is claimed as a dependent on my tax returns.
* If you have questions on who will count, please ask the agency confirming your child care eligibility.

**Please read carefully and mark “X” on all that apply:**

* I Am Legally Married

If yes, spouse’s name and date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I Live with My Child(Ren)’s other parent

If yes, Father/Mother’s Name and Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I Am Legally Divorced
* I Am Widowed
* I Am Legally Separated From My Legal Spouse

If yes, Spouse’s Name and Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I Am Informally Separated From My Legal Spouse

If yes, Spouse’s Name and Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I Do Not Live With The Father/Mother Of My Child(Ren)

**I live with these family members (add names on the back if there are not enough rows):**

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Date of Birth** | **Relationship To Me** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**I swear under penalty of perjury that this information is correct and complete.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature** **Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Last 4 digits of Social Security Number**