

Non-Paying Parent Form

Who Will Pay for Child Care? _____

Are You Currently On AFDC? Yes or No

Case Number: _____

AFDC Worker's Name: _____

AFDC Worker's File Number? _____

Are You Currently on Gain? _____

Gain Worker's Name? _____

Gain Worker's File Number? _____

Are You With CCFS? _____

Are You with Crystal Stairs? _____

Is This Your First Time Enrolling in This Program? _____

YOU ARE OBLIGATED FOR EVERY DOCUMENT TO BE TO BE RECEIVED BY MYSELF/EMPLOYER/ECT. AND/ OR GIVEN TO ORGANIZATION IN A TIMELY MANNER. IF NOT PAID BY PROGRAM, PARENTS ARE OBLIGATED TO PAY FOR CHILD CARE!

*****ALL INFORMATION IS USED FOR PAYMENT PURPOSES ONLY AND IS CONFIDENTIAL*****

Before signing this document, verify that the content you are signing is correct!

X
