

CHILD SUPPORT SERVICES VERIFICATION FORM

To	<u>CSSD</u>	From	<u>Child Care Assistance Program The LeeShore Center</u>
Phone	<u>(907) 269-6900 option 3</u>	Phone	<u>(907) 283-4707</u>
Fax	<u>(907) 787-3310</u>	Fax	<u>(907) 283-4681</u>

I, _____ grant you permission
Type or print the name of person Social Security Number

to disclose the amount of my benefits to Child Care Assistance Program, The LeeShore Center
Type or print the name of your agency

Signature of person

1. **Declaration of Payment Received through Child Support Services Division if ordered by a divorce decree, administrative order, or judgement.** The Child Support Services Division (CSSD) shall fill out this section if disbursements are being paid directly to the applicant through CSSD or payments are being made through CSSD.

Child support case number _____	Child support case number _____
Monthly Child Support charged _____	Monthly Child Support charged _____
Monthly Spousal support charged _____	Monthly Spousal support charged _____
Other _____	Other _____

Please attach last 12 months payment record received by custodial parent.

Please attach last 12 months payment record received by non-custodial parent.

Comments: _____

Name of person completing form Title Phone number Date