



CHILD CARE SUBSIDY PROGRAMS (CCSP)

CCSP Statement of Collateral Information

LOCAL OFFICE	TELEPHONE NUMBER
CASE NUMBER	DATE

Section 1

RE: _____

The Department of Children, Youth, and Families is in the process of determining the above named person's eligibility for child care subsidy. Please provide the information requested in Section 2 of this form.

FINANCIAL SERVICE SPECIALIST

Section 2

I authorize _____ whose relationship to me
PERSON OR AGENCY

is _____ to provide the following information to the
PHYSICIAN, NEIGHBOR, RELATIVE, ETC.

Department of Children, Youth, and Families.

APPLICANT / RECIPIENT SIGNATURE

DATE

Section 3

To the Person Providing Collateral Information

Provide only information you personally know to be true. Sign and date the form, and give your address and phone number because we may need to contact you. Attach additional pages if more space is needed.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. RCW 9.72 and RCW 74.08.055

SIGNATURE

DATE

ADDRESS

PHONE NUMBER