

HOUSEHOLD INFORMATION FOR CHILD CARE RECERTIFICATION

*Please review the following information and indicate any changes on the lines provided.
Please print legibly.*

Name & Address Telephone	IS THIS INFORMATION CORRECT? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, print your new address and phone number below:	
Your Name		
Street Address		
Borough, City Zip-code		
Case number	Case #:	
Phone number		
Is this a two-parent household?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HOUSEHOLD MEMBERS	PLEASE CHECK 'SAME' FOR CURRENT HOUSEHOLD MEMBERS OR 'REMOVE' FOR ANY MEMBERS NO LONGER IN THE HOUSEHOLD:	
Name #1	<input type="checkbox"/> SAME <input type="checkbox"/> REMOVE	
Name #2	<input type="checkbox"/> SAME <input type="checkbox"/> REMOVE	
Name #3	<input type="checkbox"/> SAME <input type="checkbox"/> REMOVE	
	PLEASE ADD ANY NEW HOUSEHOLD MEMBERS OR CHILDREN BELOW:	
	LAST NAME, FIRST NAME	DATE-OF-BIRTH
Reminder: Attach copies of birth certificates for any children being added.		

I certify under the penalty of law that all the information I have supplied on this form in true and correct.

Print Name

Signature

Date