

**This information is being provided to Charlotte County
Department of Human Services to determine eligibility for assistance.**

Client Name

Client Address

I provide the following child support assistance for the above-named person, as I do not live in the household.

Dollar amount of assistance provided in past 30 days: \$ _____

I have been providing this assistance since: _____

I will continue providing this assistance until: _____

PENALTIES FOR FRAUD

- All household members will be ineligible for any Human Services' programs for a period of two years from case closure if no benefits are received.
- Applicant will be required to pay back any funds received, and all household members will be ineligible for any Human Services' programs for a period of two years from the date the debt was repaid in full. Members will be permanently ineligible from Human Services' programs if the debt is not repaid.
- Fraudulent receipt of a benefit of \$300 or greater may lead to felony prosecution up to and including Grand Theft charges.

Print Name: _____

Signature: _____ Date: _____

Address: _____

Phone Number: _____

Relationship to applicant: _____