

Verification of Declaration of Zero Family Income

Child's Name _____ Date ____/____/____

Parent's Name _____

I, _____ the parent/guardian of _____

(Parent's Printed Name)

(Child's Printed Name)

vow that I have no current family income nor any income in the past 12 months or tax year to include child support and monthly survival income from relatives. I survive through a homeless shelter, food kitchen or similar means. I have not filed taxes in the last year due to lack of income. I receive no child support nor do I have any earned income.

Parent's Signature _____

STAFF USE ONLY:

The type of means received by family are checked below:

- Gifts
- Pan-handling with payments in food, shelter, etc.
- Church donations
- Private donations
- Odd jobs with payments in food, shelter, etc.
- Unemployment compensation ended prior to last 12 months
- Food stamps (SNAP), WIC, food pantries, soup kitchens are means for food.
- Child support is not being paid.
- Temporary loans and/or donations from former spouse/significant other
- Regular monthly survival support from friend or family member. (If so, obtain statement from supporter specifying monthly amount and treat as if they are parent's employer. Explain situation on statement and forms. Complete Verification of Income form with this information. Retain Verification of Declaration of Zero Family Income Form.)
- Other-If other category, explain the type of documentation.

Family Service Worker Signature _____

Date ____/____/____

I-CARE, Inc.-Head Start

Third Party Permission Form

Eligibility Determination Record-Optional Section

Directions: Use form in special cases such as Zero Income assertion and/or Homeless assertions.

I give permission for _____, my _____ to
(Person's Printed Name) (Relationship to Parent/Guardian)

Telephone #: _____

Provide knowledgeable information and be respectfully interviewed about the following:

- My employment/unemployment
- My current income
- My annual income
- Where I live
- Where my child lives
- Where my other children go to school
- Why I have no income
- Why I have lost my home
- Other, explain _____

I, _____, was shown the Third Party Permission Form
(Child's Parent or Legal Guardian)

and I am aware of the type of information that will be provided or obtained. The person named above is aware and knowledgeable of my current living circumstances and income.

Parent/Legal Guardian's printed name _____

Signature of Parent/Legal Guardian _____

STAFF USE ONLY:

Person Interviewed: _____

Interview Date: ____/____/____

Interview Notes:

Family Service Worker Verifying Information's Signature: _____