

# YMCA Childcare Resource Service

## SELF-DECLARATION Stage 1

Client Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_

### STATEMENT OF LIABILITY

You are being asked to complete this form in an effort for us verify actual child care hours used on the attendance sheet submitted for weeks \_\_\_\_\_. Failure to report all facts, or reporting incorrect information, may result in termination and/or the recovery of funds.

PLEASE WRITE A SWORN STATEMENT REGARDING: Why attendance sheet for child in care was submitted without a record indicating time in or out of care or without proper signature? In your statement please make sure you inform us of the exact time and dates child was in our out of care and/or reason why the proper signatures where missing.

I, \_\_\_\_\_ hereby swear  
(Name)

Or affirm that \_\_\_\_\_

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I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement is true, correct and complete. I understand that this information is given in connection with receipt of state and/or federal funds: that officials may verify information and that misrepresentation will subject me to prosecution under state criminal statutes.

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Staff Signature: \_\_\_\_\_