

Third Party Income Verification Consent Form

I, _____ give RCCDC staff authorization to contact
 [Printed Name of Parent(s)/Guardian(s)]
 the person or agency identified below to verify my income status. By signing below, I verify that information is accurate. I understand that by providing false information in this document, I risk losing my child's enrollment in the Head Start or Early Head Start center. I also understand that the information in this form will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian (Print): _____

Parent/Guardian Signature: _____ Date: _____

Below to Be Completed By Head Start Staff - ONLY

RCCDC Staff Verification Notes – Include the information obtained from the Third-Party provider through interview or review of documentation:

Agency	Contact Person	Telephone

Notes:

Estimated Income – Based on the information gathered through interview and/or review of documentation, provide the estimated income from this source below (attach any available documentation):

- Estimated income from this source: \$ _____

- Timeframe this income was received Previous Year Previous 12 Months

I have determined to the best of my ability that the information provided by the family is true and reflects the family's income and verifies their eligibility for acceptance into the Head Start/Early Head Start program. (45 CFR 1302(c))

RCCDC Verifying Staff Signature: _____

RCCDC Staff Verification Date: _____