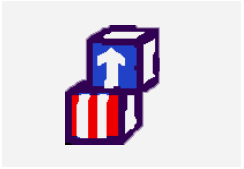
CAP
COMMUNITY ACTION PARTNERSHIP
OF SCOTT CARVER & DAKOTA COUNTIES

Please return to:
CAP AGENCY HEAD START
2496 145th St. West
Rosemount, MN 55068
PHONE 651-322-3500 FAX 651-322-3555



DIRECT CHILD SUPPORT VERIFICATION

To Whom It May Concern:

We are required to verify the income of all applicants who apply for our Head Start Program. The Applicant listed below has indicated that he/she is/was receiving income from you or your agency in the past 12 months. Please supply the information requested below as promptly as possible. All information is protected under the Minnesota Data Privacy Act in determining eligibility. Thank you.

APPLICANT MUST COMPLETE THIS SECTION

Name: _____ Birthdate: _____

Home Address: _____

City: _____

Phone # : _____

My signature authorizes verification of my information. You are hereby authorized to furnish all information requested on the inquiry.

Signature: _____ Date: _____

PAYER MUST COMPLETE THIS SECTION

Please enter the total amount of the support payment paid for each month listed below:

MONTH	**CHILD SUPPORT AMOUNT**
_____	_____
_____	_____
_____	_____

Completed by: (print) _____ Phone Number: _____

Signature: _____ Date: _____