



**FRAUD PENALTY WARNINGS:** You may be prosecuted or otherwise sanctioned if you knowingly give false, incorrect, or incomplete information to obtain or try to obtain Child Care Assistance Program payments you are not eligible for, or to assist someone obtain payments for which they are not eligible. If you are found to have committed an intentional program violation or are convicted of defrauding Child Care Assistance Program, you may be disqualified from program participation and obligated to repay any amount attributable to the intentional program violation or fraudulent act(s), in addition to any applicable criminal penalties.

**CERTIFICATION AND STATEMENT OF TRUTH**

Under penalty of perjury or unsworn falsification, I certify that I am the only individual providing child care at the physical address listed. The statements made on this application regarding myself and individuals living in the location where child care is provided are true and correct and that I have read or had read to me, and understand the information provided on this application. I understand my information may be verified through collateral contact and/or available databases to ensure my participation eligibility. I have retained a copy of this application and the Approved Relative/Non-Relative Child Care Provider responsibilities document.

I understand that I am responsible for compliance with program rules and requirements, penalties, and repayment of any overpayments. I further understand I will not receive any payment for child care services I provide prior to determination of my eligibility and issuance of approval regarding my child care provider application.

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness, if signed with and "X"

\_\_\_\_\_  
Date