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**Denison, TX 75020**

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**903-463-3073 fax**

[**childcare@workforcesolutionstexoma.com**](mailto:childcare@workforcesolutionstexoma.com)

**Parent Responsibility Agreement Informal Child Support Form**

**Atencion:**

Para obtener esta u otras formas on Espanol, favor the llamar a esta oficina al

**(903)463-9997 / (888)813-1992**

State law requires that any family receiving child care assistance comply with the Parent Responsibility Act. This Act includes receiving child support for **each individual child in the household. Failure to comply with this requirement will result in termination of services.**

**When to use this form:** This form is to be used **ONLY** in the event there is an informal child support arrangement between the custodial and non- custodial parent(s), ***not filed with the Attorney General’s office or private child support agency.***

**Who completes this form:** This form is to be completed by the parent NOT living in the household, the non-custodial parent.

**IMPORTANT: if the children in the household have informal arrangements with different non-custodial parents, a separate form must be completed with *each* non-custodial parent.**

**Please make copies of this form for each child’s non-custodial parent to complete and sign. Child care assistance will be terminated or denied if we do not receive this documentation on each child.**

Type of support received: In Kind Support In Lieu Support

*In Kind Support: the non-custodial parent is paying for groceries, diapers, formula or other miscellaneous items*

*In Lieu Support: the non-custodial parent is giving you cash support payments*

Name of custodial parent:

Name of non-custodial parent:

Non-custodial parent address:

Non-custodial parent telephone:

I, the non-custodial parent, hereby attest that the children listed below are my children and I provide for them through a monetary or in-kind support method (Please include a monetary amount for in-kind items such as diapers, formula, rent, etc.).

|  |  |  |
| --- | --- | --- |
| **Child Name (First and Last Name)** | **Total Monthly Support ($)** | **Date Child Support Started** |
|  |  |  |
|  |  |  |
|  |  |  |

***Note: At every recertification you will need to supply 6 months of receipts and attach to this form for cash payments or in-kind support such as diapers, formula, rent, etc; failure to supply receipts will result in a $25 sanction added to your parent fee.***

SIGNATURES

Custodial Parent Signature Date

Non-Custodial Parent’s Signature Date

**Workforce Solutions Texoma is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Individuals with speech and/or hearing impairments may call 711 for assistance.**

Form 2080-revised 8.08;6/11