**Parent Responsibility Agreement Informal Child Support Form**

Parent Name (Print Name Here)

Twist #

Texas Workforce Commission Child Care Rules §809.76 requires that any family receiving child care assistance comply with the Parent Responsibility Agreement. This rule 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** when there is an informal ongoing child support arrangement between the custodial and the absent parent(s); which paternity has been established, not filed with the Attorney General Office or Private child Support Agency. ***(i.e., not working with the Office of Attorney General).***

***Informal: The absent parent is giving you support payments instead of paying through the Office of Attorney General.***

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

IMPORTANT: if any children in the household have informal arrangements with different absent parents, a separate form must be completed with *each* absent parent. Please make copies of this form for each child’s absent parent to complete and sign. Child care assistance will be *terminated* or *denied* if we do not receive this documentation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Custodial Parent Name:** |  | **Phone Number:** |  |
| **Custodial Parent Physical**  **Address:** |  | | |
| **Absent Parent Name:** |  | **Phone Number:** |  |
| **Absent Parent Physical**  **Address:** |  | | |
| **City, State, & Zip** |  | **SSN (optional)** |  |

**I, the absent parent, hereby attest that I am the father to the children listed below and I provide child support payments to their custodial parent.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of child:** |  | **Name of child:** |  | **Name of child:** |  |
| **Name of child:** |  | **Name of child:** |  | **Name of child:** |  |

**Below list your payment history for the last (3) complete months**

|  |  |
| --- | --- |
| **Month** | **Amount of Monthly Financial Support** |
|  |  |
|  |  |
|  |  |

**I acknowledge that the information I have provided is true and correct. I understand that a person who provides false or incorrect information to obtain or attempt to obtain, by fraudulent means, services to which a person is not entitled may be prosecuted under applicable state and federal laws.**

**Custodial Parent Signature Date**

**Absent Parent’s Signature Date**

Auxiliary aids and services are available upon request to individuals with disabilities. Relay Texas: 1.800.735.2989 (TDD) and 1.800.735.2988 (Voice) or 711 R 10.14.15

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