

ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES

CHILD CARE SUBSIDY APPLICATION UNIT Self-Attestation Absent Parent Form

This notice is to acknowledge my understanding that the non-custodial parent(s) (NCP) of my child(ren) is expected to care for our child(ren) in common if that NCP is available during the hours that child care services are needed.

This is a requirement for all applicants and recipients of Child Care Subsidy to provide a signed statement regarding the availability of all absent parents to provide child care.

If the NCP resides in close proximity to the custodial parent and the NCP's work or activity schedule indicates availability, and there are no other circumstances that would make care by the NCP inappropriate, the NCP is considered to be available to provide child supervision during periods when the custodial parent is engaged in an approved activity.

I understand that my request for child care subsidy may be denied or discontinued if Albany County Department of Social Services determines that the non-custodial parent of my child(ren) is available to provide care.

Name of Child	Name of Non-Custodial Parent (NCP)	Last known address of NCP	Visitation Schedule with NCP	Where is NCP working? Schedule?

Written explanation why NCP cannot watch child(ren) – MUST COMPLETE THIS SECTION:

In signing this statement, I certify, under penalty of perjury, that the information provided is true and correct to the best of my knowledge.

Custodial Parent Name (printed):	Date:
Custodial Parent Signature:	

~Space for additional information continued on reverse~

