



Post Office Box 989 • 149 Limestone Road • Kenansville, NC 28349 • Telephone (910) 296-2000 • Fax (910) 296-1497 • www.dcpfc.org

Child Care Scholarship Release of Information

I authorize the release of information to Duplin County Partnership for Children so that eligibility for a child care scholarship can be determined. If written information is not available, signing this form gives permission to Duplin County Partnership for Children to verify income/child support by telephone or through other methods available.

If I am attending school or begin to attend school, I authorize DCPC representative the authority to request information concerning my enrollment, attendance, and grades from the educational facility in which I am enrolled, in order to determine child care eligibility.

Parent/Guardian's Signature

Date

Scholarship Coordinator's Signature

Date

Child Care Scholarship Acknowledgement

I declare that DCPC has fully explained my responsibilities as a recipient of the Child Care Scholarship Program. Also, I understand and agree to the requirements of this program and have been given a copy of the **Recipient Responsibilities** form. I understand that if I give false, incorrect or incomplete information, or do not report changes on time, that I may lose my services and could be prosecuted for fraud.

I am aware that Child Care Assistance is based on availability of funding and may terminate at any time. Child care assistance is only available for children 0-5 not in Kindergarten. I understand that Child Care Assistance will automatically terminate once my child begins Kindergarten.

Parent/Guardian's Signature

Date

Scholarship Coordinator's Signature

Date