

Connect Child Care Resource and Referral

Household Occupant Statement

By signing this form, I agree that I am a frequent visitor to the _____ household and I know who is living there. I also agree to the following terms;

1. The information I am providing is true and accurate.
2. I understand that the information I am giving will be provided to Connect Child Care Resource and Referral, PO Box 369, Cabin Creek, WV 25035.
3. I am **not** a relative of the person for which I am providing this information.

The following people live in the _____ household:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

My information is:

Name: _____ Date: _____
(printed)

Address: _____ Phone: _____

Relationship: _____

Signature: _____

State of West Virginia

County of _____

The foregoing instrument was acknowledged before me on this _____ day of _____ 20__

by _____. My commission expires _____.

Notary Public