



# Choices



**Child Care Resource & Referral**  
4421 Emerson Avenue, Suite 102  
Parkersburg, WV 26104  
(304) 485-2668 or (866) 966-2668; Fax (304) 485-7024

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Current Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Names of people residing at above address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Non-Relative Person Verifying Information**

I verify that only the individuals listed above live at the Applicant's current address, and that \_\_\_\_\_ is **NOT** living in the Applicant's home.

\_\_\_\_\_  
(name of individual in question)

**Print:** \_\_\_\_\_  
(your name)

\_\_\_\_\_  
(your address)

\_\_\_\_\_  
(your phone #)

By providing this statement I understand and agree that Choices CCR&R personnel may contact me to verify this information.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Must be signed in the presence of a Notary Public)

**STATE OF** \_\_\_\_\_ **To wit** **COUNTY OF** \_\_\_\_\_

**Taken, subscribed and sworn before me this the** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

**My commission expires** \_\_\_\_\_