

NEIGHBORS IN NEED OF SERVICES, INC. (NINOS)
HEAD START/EARLY HEAD START PROGRAM

STATEMENT OF INFORMATION REGARDING FAMILY SITUATION
DECLARACIÓN DE INFORMACIÓN SOBRE SITUACIÓN FAMILIAR

Warning: Title 18, section 1001 of the United States Code, states that a person is guilty of a felony for making and or using any false writing or document knowing that it contains any materially false, fictitious, or fraudulent statement or entry to any department or agency of the United States.

Advertencia: El Título 18, de la Sección 1001 del Código de los Estados Unidos, declara que una persona es culpable de un delito grave al elaborar y/o usar cualquier escrito o documento falso a sabiendas de que contiene cualquier material con declaración falsa, ficticia o fraudulenta a cualquier departamento o agencia de los Estados Unidos.

I, _____, do declare that the following
(Name of Parent/Legal Guardian)
information I have provided in this statement is true, correct, and complete to the best of my knowledge:

Yo, _____, declaro que la siguiente información
(Nombre de Padre, Madre o Tutor Legal),
que he proporcionado en esta declaración es verdadera, correcta y completa a lo mejor de mi conocimiento:

Parent/Legal guardian signature

*** THIS AREA TO BE SIGNED AND DATED BY STAFF:** FSW, Area Manager or EHS Coordinator

The above stated information was provided by the parent/legal guardian applying for services.
Please indicate purpose of statement: **(Not to be used as proof of income)**

- Statement regarding other information concerning living situation
- Statement of **NO INCOME** including current living situation

Staff Signature

Date