



SELF-ATTESTATION FORM

I understand that if I knowingly give wrong or misleading information under the penalty of perjury, which is a first degree misdemeanor, I may be prosecuted. A first degree misdemeanor is punishable by a definite term of imprisonment, not exceeding 1 year and/or a fine not exceeding \$1000.00 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes is acceptable.

I am authorized _____ hours covering _____ days for School Readiness services. This is based on the average work week that I provided for eligibility determination. If the number of hours I use exceeds the allotted amount, I may be held responsible for paying the difference to my school readiness provider.

Full Time Part Time

My Family Unit consists of the following members:

First Name	Last Name	Relationship

I certify that the information above is true and complete to the best of my knowledge under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1000.00 pursuant to sections ss.837.012, or 775.082, or 775.083, Florida Statutes.

Customer Signature: _____ Date: _____ Staff Initials: _____

State of Florida
County of _____

The foregoing instrument was acknowledged before me on this date _____ by _____, who is personally known to me or who has produced _____ as identification.

Signature of Notary Public, State of Florida