

Child Care Financial Assistance Program Consent to Exchange Information

Client name: _____

I give my permission for the eligibility specialists to exchange information required to determine my/our eligibility for Child Care Financial Assistance Program with:

- Department for Children and Families, Office of Child Support
- Department for Children and Families, Economic Services Division
- Department of Labor, formerly the Department of Employment & Training
- Department for Children and Families, Family Services Division
- Vocational Rehabilitation
- Child care provider _____ (provider's name)
- Employer _____ (employer's name)
- Family Support team
- Essential Early Education (EEE)
- Visiting Nurses Association (vna)
- Other _____

Relationship to child(ren) covered by consent form:

- Mother Father Legal guardian
- Other _____

Or check here: ___ if you choose not to give consent.

Signature

Date

Form must be returned with the application, for eligibility to be processed.

Please return this form to:

Child Care Resource
181 Commerce St.
Williston, VT 05495
Phone: (802)863-3367
Fax: (802)863-4202



<http://dcf.vermont.gov/cdd>

Agency of Human Services

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