

State of Illinois
Department of Children and Family Services

Child Support Certification

Please print:

Facility Name: _____

Applicant's Name: _____

Street Address: _____

City/State/Zip Code: _____

Social Security Number: _____ Phone #: _____

Certification

According to the Illinois Administrative Procedures Act, the Department of Children and Family Services must require license holders and license applicants to certify their status regarding child support orders and payments. Please read the following statements and check the appropriate box:

“I hereby certify, under penalty of perjury, that (check one):

- “I am not subject to a child support order.”*
- “I am not more than 30 days delinquent in complying with a child support order.”*
- “I am more than 30 days delinquent in complying with a child support order.”*

*All license holders and all license applicants **must complete this form**. Failure to certify may result in denial of a license application or an application for license renewal. Making a false statement on this form may subject the licensee or applicant to contempt of court [5 ILCS 100/10-65(c)].*

“I hereby certify that the information contained herein is true and accurate to the best of my knowledge.”

Signature: _____ Date: _____

To be completed by Licensing Worker:

Provider ID #: _____	Licensing Worker ID#: _____
Licensing Worker Name: _____	