

**U.S. Department of Education**  
**Atlanta Service Center**

**Declaration of Caregiver Services**

I, \_\_\_\_\_ Taxpayer ID / SSN: \_\_\_\_\_ declare under penalty of law that the information I give in this statement is to the best of my knowledge and belief true, correct and complete.”

Caregiver Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone Number and Area Code: \_\_\_\_\_

Customers Name: \_\_\_\_\_ pays \$ \_\_\_\_\_ dollars per Week / Month (circle appropriate time frame) for the care of the following individual(s):

<b>Name of Child</b>	<b>Age Of Child</b>	<b>Amount Charged Per Week / Month</b>

**Warning:** 18 U.S.C. 1001 provides that “whoever...knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any materially false, fictitious, or fraudulent statement or representation...shall be fined up to \$10,000.00 or imprisoned up to five years, or both.”

Complete, sign, and return the requested information and documentation to:

**U.S. Department of Education**  
**AWG Hearing Unit**  
**61 Forsyth Street, Room 19T89**  
**Atlanta, GA 30303**

**I declare under penalty of law that the answers and statements contained herein are true and correct.**

Signature \_\_\_\_\_  
Caregiver

Date \_\_\_\_\_