

**CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM**  
**NAME ATTESTATION** (v5-12)

Individual's Name: \_\_\_\_\_  Applicant  Co-Applicant  
*The name above should be recorded as it appears on the CCDF Application (State Form 805)*

is also known as:

*List any other names, including those on documents provided, the Applicant or Co-Applicant is using or has used.*

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Printed Name)

and that all names listed above are the same person.

I hereby affirm, under the penalties of perjury, I am the above named individual and I have personally prepared the foregoing statement for myself and the same is true to the best of my knowledge and belief.

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: This document shall be used when the Applicant or Co-Applicant's name does not match all sources of verification information provided to the Intake Agent.

If you have questions regarding this form, please contact  
**Automated Health Systems**  
Phone: (855) 533-7342, Fax: (855) 631-0120  
[www.inchildcare.org](http://www.inchildcare.org)