



## Release of Information

I, \_\_\_\_\_, hereby authorize the Riverside County Office of Education, Early Care and Education (ECE), to verify any information utilized to determine my family eligibility and/or need during the time that I am enrolled in the subsidized child care program.

I understand that the means of verification may include:

- The sharing of information between agencies to verify my income, eligibility, and need for child care and/or support services. Agencies that may be contacted include, but are not limited to, the Department of Public Social Services, Department of Child Support Services, Housing Authority, First 5 Riverside, the Consortium for Early Learning Services, training sites/schools, social service agencies, referring physicians, emergency shelters, and employers/clients.
- Review of information via other resources to include, but not limited to, online employment verification sites, social networking sites, searches through online search engines, address verifications through online mapping, and review of court or law enforcement databases.

I give my permission for ECE to request from and/or provide to other publicly-funded agencies any eligibility and/or need information required to ensure proper use of State/Federal funds.

I understand that, if my family is found to be ineligible for child development services, or, if the information provided to ECE, during the time my family is enrolled is found to be inaccurate, I will be responsible for repayment to ECE for any child care benefits paid on my behalf, may be terminated from services, and may forfeit rights to any services in the future.

\_\_\_\_\_  
Print Name (Parent/Guardian 1)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Parent/Guardian 2)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date