Early Learning Coalition
Sarasota County

Statement

Client Name: _____

Filled out by: _____ Phone Number: _____

Relationship to Client: _____ ☐ I am the client

Please make a statement in the space provided below.

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I certify that the information provided is true and complete. I understand that this statement is made under penalty of perjury and may be subject to penalties under Sections 775.082, 775.083, or 837.012, Florida Statutes. If it is determined that I have provided false information, I may be prosecuted for fraud.

_____ _____

Signature Date