

## Attestation during COVID-19 Public Health Emergency

(Please complete this form if your documentation required for recertification cannot be completed due to the COVID-19 public health emergency.)

The information you provide is confidential.

ACCIS # \_\_\_\_\_

If two parent/caretaker household, both names are required:

| Parent/Caretaker Information | Last Name | First Name | Middle Name |
|------------------------------|-----------|------------|-------------|
| Parent/Caretaker 1           |           |            |             |
| Parent/Caretaker 2           |           |            |             |

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

Telephone Number: \_\_\_\_\_

What documentation are you attesting to?

(Please refer to CFWB-022 and record below the documentation you seek to attest to.)

| Name of Parent/Caretaker in need of attestation (include only those who cannot provide documentation) | Type of Documentation (list of documents required for application or recertification is available on CFWB-022) | Reason why documentation cannot be provided (e.g. office that provides document is closed due to COVID-19 public health emergency) | Date and/or date range of documentation |
|---|--|--|---|
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |

I affirm that all the information I have given related to my recertification is true and accurate.

\_\_\_\_\_  
Name of Parent/Caretaker 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature /Caretaker 1

\_\_\_\_\_  
Name of Parent/Caretaker 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature /Caretaker 2

### Confidentiality

A parent/caretaker's information is kept confidential to the maximum extent possible.