



CONFIRMATION OF SINGLE PARENT STATUS

Contact Telephone No.: 250.385.1114

Fax No. : 250.361.3554

To qualify for membership at 1-Up Single Parent Resource Centre, an individual needs to provide confirmation they are a single parent who is providing support for dependent children.

This form is to be completed by an approved community professional. An approved community professional may be a: (Please tick the professional category that applies.)

Doctor _____

School Principal _____

Teacher _____

Lawyer _____

Social Worker _____

Religious Leader _____

Family Serving Agency Worker _____ (Position: _____)

Counsellor _____

Accountant _____

Dentist _____

Licensed Day Care _____ Name of Day Care _____

Declaration:

I, _____, know _____

PROFESSIONAL'S FULL NAME

SINGLE PARENT'S NAME

and can confirm that she/he is a single parent who is providing support for his/her child(ren).

Contact information for the person who is completing this form: (company stamp is good)

Name

Firm/Organization

Email/Tel. Number

Signature

Thank you for helping this single parent gain access to the supports and resources our centre is able to provide.

@: confirmation of single parent status