Sign and date the application:

STATEMENT OF AFFIRMATION: Read carefully before signing and dating. Unsigned applications will not be processed.	
I	n this application or in supporting documents may be . Scholars programs. I understand that intentionally sult in civil or criminal proceedings. I authorize any any necessary party for my consideration in this e IRS to report the income on my tax return. I also
1. The number shown on this form is my correct taxpayer identification number (social security number or I am waiting to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. I understand I am being paid as an "individual" in regards to tax status; and 5. The (FACTA) code(s) entered on this form (if any) indicating I am exempt from FACTA reporting is correct.	
Applicant's Signature	Date

Submit your completed application with supporting documents to:

DECAL Scholars Programs

c/o Care Solutions, Inc. 1117 Perimeter Center West, Suite W-300 Atlanta, GA 30338 support@DECALscholars.com Fax 678-822-5272

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If you have any questions, call 800-227-3410 or 770-642-6722.

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