

Disability/Medical/Age Condition Verification

Dear Medical Provider:

In order for a parent/guardian to qualify for a child care scholarship with a disability, the disability must prevent them from caring for the child(ren) on a full time basis without assistance. This disability may be determined based on age (65 or older) and/or a medical issue. **If applicable, please answer the following questions to assist us in determining the applicant's eligibility.**

Print Parent or Guardian's Name: _____ **SSN: (optional)** _____

Eligibility for child care scholarship based on a parent/guardian disability:

Choose one:

Permanently disabled

Temporarily disabled - Start date _____ End date _____ **(required)**

Brief description of disability:

Does the parent/guardian require assistance in providing full time care for the child(ren): Yes No

If yes, briefly explain how the disability/age (65 or older) prevents parent/guardian from caring for the child(ren) on a full time basis.

Medical Provider's Signature: _____ **Date:** _____

Print Medical Provider's Name: _____ **Phone Number:** _____

Medical Provider's Office Address: _____