

SCHOOL READINESS APPLICATION

IMPORTANT NOTICE: To initiate or maintain your child care scholarship without interruption, you must complete, sign and submit this application with all required documentation. Incomplete, incorrect or late packets will not be processed. Documents containing white-out will not be processed. Please use blue or black ink **ONLY**. Initial and date all corrections.

IDENTIFICATION	REQUIRED VERIFICATION
Identity and Proof of Florida Residency of Parent/Guardian	A valid Photo identification is required. Acceptable identification can be a: driver's license, state/government issued identification, or passport. These cannot be expired. Proof of Residency can be a: valid FL Driver's License or current Utility Bill or current signed Lease.
Identity, Verification of Child's Age, Relation to Parent, and Citizenship of Child(ren)	A valid Birth Certificate is required to document the identity of the child, US citizenship (or qualified eligible alien status) of the child, and the relationship to the parent/caregiver. Birth verification must be provided for all children 18 and younger living in the household, not just those for whom care is being requested.
REQUIRED VERIFICATION (Both Parents if a 2 parent household)	
<u>Working</u>	Most Recent Four (4) weeks of current and consecutive paycheck stubs or an Employment Verification Form completed by the employer. If self-employed , you will need to submit a tax return (need Schedule C) or most recent business records if a tax return has not yet been filed with the IRS. (Weekly/4 stubs, Bi-Weekly/2 stubs, Semi-Monthly/2 stubs, Monthly/1 stub)
<u>Student</u>	School Verification Form completed by the School Registrar or Training Coordinator showing current enrollment in a qualified education/training course.
<u>Working/Student</u>	Most Recent Four (4) weeks of current and consecutive paycheck stubs or an Employment Verification Form completed by the employer and School Verification Form completed by the School Registrar or Training Coordinator showing enrollment in an education/training course.
<u>Disability/Age</u>	A current disability award letter or retirement income benefits from the U.S Social Security Administrator. If not in receipt of the above benefits, you will be required to submit a Disability Form completed by a licensed physician.
<u>Referral</u>	If you are currently receiving TANF (formally WAGES) for yourself (plus children), you must see your CareerSource Pinellas Case Worker in order to get a referral to receive a child care scholarship. If you are ACTIVE under Protective Services or Foster Care then your Protective Services/Foster Care Case Manager must submit a new referral to authorize child care scholarship coverage. Referrals can be submitted directly to the Early Learning Coalition by the referring agency.
OTHER INFORMATION	REQUIRED VERIFICATION (as applicable)
Child Support	A completed Child Support Form (even if you do not receive child support) for each child 0-18 years in the household for each absent parent. Court ordered child support paid out is NOT included in annual family gross income. You must provide proof of amount paid over the last 4 weeks.
Other Income	Proof of ANY other <u>earned</u> or <u>unearned</u> income received each month by your household. For example: Social Security Benefits/Income, Alimony, Veteran's Benefits, Unemployment Compensation, Food Stamp Benefit Approval Letter/DCF Notice of Case Action or any additional household income. Eligibility is based on total gross annual household income of all parents who live in the home (even if you are not married), and children in the home must be reported and verified.

APPLICATION FOR SCHOOL READINESS

Office Use Only:	____ / ____ / ____ (Eligibility Authorized From)	____ / ____ / ____ (Redetermination Date)	
(Eligibility Code)			

SECTION I. PARENT/GUARDIAN INFORMATION

Applicant: Last Name First Name MI				In-Home Spouse/Other Parent: Last Name First Name MI			
Birth Date	Gender	Marital Status	Social Security #	Date of Birth	Gender	Social Security #	
Race (circle) White African American Asian Native Hawaiian/Pacific Islander Other Multi-Racial American Indian/Alaskan Native				Race (circle) White African American Asian Native Hawaiian/Pacific Islander Other Multi-Racial American Indian/Alaskan Native			
Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		Birthplace: Country		Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		Birthplace: Country	
Education Level (Degree or Last grade completed):			Primary Language	Education Level (Degree or Last grade completed):			Primary Language
Residential Address: Number, Street, Apt. or Lot Number				City		State	Zip code
Mailing Address (If different from above): Number, Street or PO Box				City		State	Zip code
Household Situation: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other							
Home Phone No:		Work Phone No:		Email Address:			Cell Phone:

SECTION II. CHILD(REN) REQUIRING CARE (Age 0-12) – PLEASE LIST YOUNGEST CHILD FIRST

Name of Child(ren) Needing Care: Last Name First Name MI	Relationship to Applicant	Race	Gender	Social Security #	Birth Date	Birthplace: Country
1.						
2.						
3.						
4.						
5.						
6.						

SECTION III. ALL OTHER HOUSEHOLD MEMBERS INFORMATION

Names of Other Household Members: Last Name First Name MI	Relationship to Applicant	Relationship to Each Child Above	Race	Gender	Social Security #	Birth Date	Birthplace: Country	Vet? Y/N
1.								
2.								
3.								
4.								

APPLICANT CERTIFICATION: I hereby certify that the information given on the application is true and complete to the best of my knowledge. I understand that if I knowingly give wrong information, I may be liable for prosecution under state law and that my services may be terminated. I have been informed that providing a social security number is not required as a condition for child care enrollment.

Parent/Guardian Signature

Date

Office of Early Learning
INCOME WORKSHEET for Eligibility and Parent Copayments

SECTION I. EARNED INCOME

Complete the following information about each adult family member in the household who is employed or participating in education. Provide proof of all income and/or participation in education/training declared on this form.

Check One: **Single Parent Household** **Two-Parent Household**

Parent(s) with whom the child resides (includes parents by marriage or adoption)

Name of Person Who Works	Name, Address and Telephone Number of Employer(s)	Occupation	Gross Earned Income (before taxes)		Weekly Work Schedule		
			Frequency	Amount	Day of Week	From	To
Parent 1 :			<input type="checkbox"/> Hourly	\$	Monday		
			<input type="checkbox"/> Weekly	\$	Tuesday		
			<input type="checkbox"/> Bi-weekly*	\$	Wednesday		
			<input type="checkbox"/> Semi-monthly*	\$	Thursday		
			<input type="checkbox"/> Monthly	\$	Friday		
			<input type="checkbox"/> Annual	\$	Saturday		
					Sunday		
			Total Gross Annual Earned Income:			\$	Total Hours Worked Per Week:

<input type="checkbox"/> Education	Name, Address and Telephone Number of School:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Other	Total Classroom/ Lab Hours Per Week:	
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Parent 2 :			<input type="checkbox"/> Hourly	\$	Monday		
			<input type="checkbox"/> Weekly	\$	Tuesday		
			<input type="checkbox"/> Bi-weekly*	\$	Wednesday		
			<input type="checkbox"/> Semi-monthly*	\$	Thursday		
			<input type="checkbox"/> Monthly	\$	Friday		
			<input type="checkbox"/> Annual	\$	Saturday		
					Sunday		
			Total Gross Annual Earned Income:			\$	Total Hours Worked Per Week:

<input type="checkbox"/> Education	Name, Address and Telephone Number of School:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Other	Total Classroom/ Lab Hours Per Week:	
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Additional adult family members in the home who are employed (includes children over 18 who are not enrolled as full-time students in secondary schools** or their equivalent and related adults who are supported by the family)

Additional Household Member 1:			<input type="checkbox"/> Hourly	\$	Monday		
			<input type="checkbox"/> Weekly	\$	Tuesday		
			<input type="checkbox"/> Bi-weekly*	\$	Wednesday		
			<input type="checkbox"/> Semi-monthly*	\$	Thursday		
			<input type="checkbox"/> Monthly	\$	Friday		
			<input type="checkbox"/> Annual	\$	Saturday		
					Sunday		
			Total Gross Annual Earned Income:			\$	Total Hours Worked Per Week:

Additional Household Member 2:			<input type="checkbox"/> Hourly	\$	Monday		
			<input type="checkbox"/> Weekly	\$	Tuesday		
			<input type="checkbox"/> Bi-weekly*	\$	Wednesday		
			<input type="checkbox"/> Semi-monthly*	\$	Thursday		
			<input type="checkbox"/> Monthly	\$	Friday		
			<input type="checkbox"/> Annual	\$	Saturday		
					Sunday		
			Total Gross Annual Earned Income:			\$	Total Hours Worked Per Week:

* Biweekly means paid every other week; Semi-monthly means paid twice per month

** A school that is intermediate in level between elementary school and college (includes middle/high, vocational/technical, and college-prep schools)

SECTION II. UNEARNED INCOME

If any family member **receives** any of the following type of unearned income (or benefits), **check** the type of benefits received. Enter the case or account number, the amount received, and the name of the family member receiving the payment. Provide proof of all payments received with this form.

✓	Unearned Income Type	Case/Account Number	Monthly Amount Received	Annual Amount Received	Name of Family Member Receiving Payment
	Alimony received		\$	\$	
	Child Support received (if multiple payments, list each separately):		\$	\$	
	1.		\$	\$	
	2.		\$	\$	
	3.		\$	\$	
	Dividends/Interest		\$	\$	
	Food Stamps benefits		\$	\$	
	Housing assistance from HUD issued directly to a landlord (and utilities)		\$	\$	
	Housing assistance from HUD issued directly to member of the household (and utilities)		\$	\$	
	Income/money received from non-family members residing in the household		\$	\$	
	Military FSSA housing assistance		\$	\$	
	Relative Caregiver benefit		\$	\$	
	Retirement benefits, including Social Security, railroad retirement, or other types of pensions not previously identified		\$	\$	
	Social Security Disability income		\$	\$	
	Supplemental Security Income (SSI)		\$	\$	
	TANF cash assistance		\$	\$	
	Unemployment Compensation benefits		\$	\$	
	Veteran's benefits		\$	\$	
	Worker's Compensation benefits		\$	\$	
	Other income (list):		\$	\$	
	1.		\$	\$	
	2.		\$	\$	
\$					Total Annual Unearned Income

SECTION III. DEDUCTIONS

If any family member **makes** any of the following type of payments, **check** the type of payment made. Enter the case or account number, the amount paid, the name of the family member making the payment, and the date of the last payment. The caseworker will deduct or exclude these payment types from total family income upon receipt of proof of payment.

✓	Authorized Deductions	Case/Account Number	Monthly Amount Paid	Annual Amount Paid	Name of Family Member Making Payment	Date of Last Payment
	Alimony paid pursuant to a court order		\$	\$		
	Child support payments paid pursuant to a court order		\$	\$		
\$					Total Annual Authorized Deductions	

I hereby certify that the information given in this worksheet is true and complete to the best of my knowledge. I understand that if I knowingly give wrong information, I may be liable for prosecution under state law and that School Readiness services may be terminated. I also understand that if any changes occur to the information on this worksheet, I will notify the coalition of those changes within ten (10) calendar days.

Signature of Parent/Guardian	Date	Signature of Eligibility Determiner	Date
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OFFICIAL USE ONLY – Coalition staff to complete this section.

Total Annual Gross Income (Earned Income + Unearned Income – Deductions)	Household Size (Include parent(s), children, and related adults in the home who are supported by the family)	Required Family Contribution/Parent Copayment
\$		\$

DECLARATION OF NO INCOME

I, _____, do hereby certify that I do NOT receive income from **ANY** source. I understand sources of income include, **but are not limited to**, the following:

Employment by Other(s)	Retirement Funds
Unemployment Compensation	Alimony
Social Security	Income from Assets
Workers Compensation	Pensions
Child Support	Public Assistance
Education Grants/Work-Study	Disability
Self-Employment	Union Benefits
TANF	Family Support
SSI	Annuities

Additional comments/explanation:

I certify that the foregoing is true, complete and correct. Inquiries may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of Florida's Law.

Signature of Applicant

Print Name

Date

Child Support Verification

Parents/Guardians/Foster Parents must fill out this form whether they are or are not receiving child support payments from each absent parent(s) for ALL children living in the home.

Failure to complete and return this form or provide valid documentation will result in the loss of your child care scholarship.

By signing this form you are verifying the information provided on this form is true and complete to the best of your knowledge, and that you fully understand that any omissions, falsifications or misrepresentations may disqualify your child(ren) from receiving child care scholarship and that you may be liable for prosecution under the full extent of the law plus repayment of ineligible child care services.

ABSENT PARENT INFORMATION: (Please complete a separate form for each absent parent)

Absent Parent's Name: _____ He/she is the parent of: _____

Court Ordered Yes No And _____

If yes, what State _____: Case#: _____ And _____

SECTION ONE- TO BE COMPLETED IF YOU DO NOT RECEIVE CHILD SUPPORT:

I am not receiving child support for the following reasons: Have not filed Absent parent will not cooperate Incarcerated
 Filed but has not been ordered Absent parent is unknown Absent parent is deceased Foster care
 Other _____

Parent's/Guardian's Name (PRINT): _____ Parent's/Guardian's Signature: _____ Date: _____

SECTION TWO – TO BE COMPLETED BY THE ABSENT PARENT(S):

I do not pay child support. I have not paid child support since: _____

I consistently pay child support in the amount of _____ per week/bi-weekly/monthly (circle one).

I pay child support that varies from week to week. In the past four weeks, I have paid the following amounts:

Date: _____ Amount Paid: _____ Date: _____ Amount Paid: _____

Date: _____ Amount Paid: _____ Date: _____ Amount Paid: _____

Signature of Absent Parent: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

SECTION THREE – TO BE COMPLETED BY YOUR ELC CASEWORKER

I have verified with the Child Support Office via a telephone call with _____ that no payments are being received.

I have verified with the Child Support Website that no payments are being received.

Signature of ELC Employee: _____ Date: _____

****Please Note if you are unable to verify the receipt or non-receipt of child support in section one or two you will be required to have a third party (i.e. relative, friend, etc.) complete a written statement verifying this information.****

Child Support Verification

Parents/Guardians/Foster Parents must fill out this form whether they are or are not receiving child support payments from each absent parent(s) for ALL children living in the home.

Failure to complete and return this form or provide valid documentation will result in the loss of your child care scholarship.

By signing this form you are verifying the information provided on this form is true and complete to the best of your knowledge, and that you fully understand that any omissions, falsifications or misrepresentations may disqualify your child(ren) from receiving child care scholarship and that you may be liable for prosecution under the full extent of the law plus repayment of ineligible child care services.

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Court Ordered Yes No And _____

If yes, what State _____: Case#: _____ And _____

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 Filed but has not been ordered Absent parent is unknown Absent parent is deceased Foster care
 Other _____

Parent's/Guardian's Name (PRINT): _____ Parent's/Guardian's Signature: _____ Date: _____

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****Please Note if you are unable to verify the receipt or non-receipt of child support in section one or two you will be required to have a third party (i.e. relative, friend, etc.) complete a written statement verifying this information.****

Employment Verification

Parents/Guardians: In order to determine your eligibility for child care scholarship, you must submit copies of the most current consecutive four weeks pay stubs or have your employer complete this form. Self-Employment must be documented by submitting Income Tax Return and/or business records and receipts for expenses.

Employer: We must verify both employment and income on the below listed client. This must be filled out by the employer. No white out may be used and any changes must be initialed and dated by employer. Please understand that the ELC will contact and/or visit your employer to verify the information presented on this form. This form should only be utilized for new employment or in rare circumstances where four weeks of most current/consecutive pay stubs cannot be obtained.

Additional documentation may be requested.

SECTION I – GENERAL INFORMATION: (To be completed by employer only)

1. Employee Name _____ SS# _____
2. Employee Address _____ City: _____ State: _____ Zip: _____
3. Type of work performed by employee: _____ Employment began: ____/____/____
4. Hourly wage received by employee: \$ _____ 5. Number of hours worked per week: _____ (DO NOT PUT VARIES)
6. Number of days per week: _____
 Employee paid: \$ _____ Weekly Bi-weekly Semi-monthly Monthly Other _____
 Does employee receive and/or have access to paystubs? Yes No
 Does employee receive a 1099? Yes No
7. Work schedule: From: _____ A.M. P.M. To: _____ A.M. P.M.
8. Does employee receive commission/tips? Yes No (If yes, show commission/tips in section III).
9. Estimated income from commission/bonuses over the next 12 months is: \$ _____
10. Is employment year round? Yes No
 If NO, specify number of consecutive months: 12 11½ 11 10½ 10 9½ 9 Other _____
11. If no longer employed, Date Employment Ended: _____ Date/Amount last check received: _____/\$ _____

SECTION II – EMPLOYER INFORMATION: (To be completed by employer)

1. Employer Representative: _____ Title: _____
2. Business Name: _____ Phone #: (____) _____
3. Business Address: _____ City: _____ State: _____ Zip: _____

SECTION III – RECORD OF PAY RECEIVED: (To be completed by employer)

1. In the space below, list the most current and consecutive FOUR weeks of checks or cash received by the employee along with the date pay was issued, gross amount paid, hours worked, tips (if applicable) and net amount paid.

PAY DATE (MM/DD/YY)	GROSS EARNINGS	# OF HOURS WORKED (per pay period)	TIPS (if not included in gross)	NET PAY

2. Please explain any unusual gaps or overtime and indicate if you expect them to reoccur: _____

(Attach separate page if needed).

SECTION IV – EMPLOYER VERIFICATION:

The information provided on this form is true and complete. If I knowingly omit or give false information, I may be liable for prosecution under the law.

 Employer Representative Signature

 Date

Employment Verification

Parents/Guardians: In order to determine your eligibility for child care scholarship, you must submit copies of the most current consecutive four weeks pay stubs or have your employer complete this form. Self-Employment must be documented by submitting Income Tax Return and/or business records and receipts for expenses.

Employer: We must verify both employment and income on the below listed client. This must be filled out by the employer. No white out may be used and any changes must be initialed and dated by employer. Please understand that the ELC will contact and/or visit your employer to verify the information presented on this form. This form should only be utilized for new employment or in rare circumstances where four weeks of most current/consecutive pay stubs cannot be obtained.

Additional documentation may be requested.

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4. Hourly wage received by employee: \$ _____ 5. Number of hours worked per week: _____ (DO NOT PUT VARIES)
6. Number of days per week: _____
 Employee paid: \$ _____ Weekly Bi-weekly Semi-monthly Monthly Other _____
 Does employee receive and/or have access to paystubs? Yes No
 Does employee receive a 1099? Yes No
7. Work schedule: From: _____ A.M. P.M. To: _____ A.M. P.M.
8. Does employee receive commission/tips? Yes No (If yes, show commission/tips in section III).
9. Estimated income from commission/bonuses over the next 12 months is: \$ _____
10. Is employment year round? Yes No
 If NO, specify number of consecutive months: 12 11½ 11 10½ 10 9½ 9 Other _____
11. If no longer employed, Date Employment Ended: _____ Date/Amount last check received: _____/\$ _____

SECTION II – EMPLOYER INFORMATION: (To be completed by employer)

1. Employer Representative: _____ Title: _____
2. Business Name: _____ Phone #: (____) _____
3. Business Address: _____ City: _____ State: _____ Zip: _____

SECTION III – RECORD OF PAY RECEIVED: (To be completed by employer)

1. In the space below, list the most current and consecutive FOUR weeks of checks or cash received by the employee along with the date pay was issued, gross amount paid, hours worked, tips (if applicable) and net amount paid.

PAY DATE (MM/DD/YY)	GROSS EARNINGS	# OF HOURS WORKED (per pay period)	TIPS (if not included in gross)	NET PAY

2. Please explain any unusual gaps or overtime and indicate if you expect them to reoccur: _____

(Attach separate page if needed).

SECTION IV – EMPLOYER VERIFICATION:

The information provided on this form is true and complete. If I knowingly omit or give false information, I may be liable for prosecution under the law.

 Employer Representative Signature

 Date

School/Training Verification

Parents/Guardians: Only applicable, if Parent(s)/Guardian(s) attended school at time of previous redetermination or are currently attending or going to attend school during the redetermination period. In order to determine eligibility for child care scholarship, we must verify school attendance on the below listed client. You must have the school/training records office complete Section II and return this form with your redetermination packet or as requested to your Eligibility Specialist.

SECTION I - TO BE COMPLETED BY PARENT/GUARDIAN (STUDENT)

PARENT / GUARDIAN NAME: _____ SSN#:(optional)_____

I give permission for my school to release the following information to the Early Learning Coalition of Pinellas

Parent / Guardian Signature

Date

SECTION II - TO BE COMPLETED BY SCHOOL RECORDS OFFICIAL

1. Student's Name: _____ ID#: _____

2. Student's Address: _____

3. Days of Attendance: Mon. From _____ To_____, Tues. From _____ To_____, Wed. From _____ To_____

Thurs. From _____ To_____, Fri. From _____ To_____, Sat. From _____ To_____, Sun. From _____ To_____

Course Semester Begins: _____/_____/_____ Course Semester Ends: _____/_____/_____

Number of Hours Student is Currently Enrolled: _____ Clock Hours _____ Credit Hours

Number of hours completed last grading period: _____ Clock Hours _____ Credit Hours

Did student obtain a passing grade? Yes No If no, please explain _____

Module Courses Only:

Training Duration (months): _____ Beginning Date: ____/____/____ Expected to Graduate on: ____/____/____

4. Major or Occupational Goal: _____

5. Name of School: _____

Address of School: _____

6. Name of Records Official: _____

Title of Records Official: _____

Signature of Records Official

Date

Official Seal (As Applicable)

Phone Number of Records Official

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: _____



School Readiness Scholarship Participant Agreement of Rights and Responsibilities, Choice of Sites and Types of Child Care

ALL PLACEMENT AND REDETERMINATION PACKETS SUBMITTED FOR REVIEW WILL NOT BE CONSIDERED COMPLETE AND BE REVIEWED UNLESS THIS SIGNED AGREEMENT IS ATTACHED.

As a Parent(s)/Guardian(s) receiving School Readiness (SR) Scholarship funding, your signature below will certify that you understand, accept the responsibility and will abide by the program conditions outlined for continued receipt of a SR Child Care Scholarship. Failure to report changes and comply could result in termination of the School Readiness Scholarship. Please call 727-400-4411 to speak with an ELC Specialist if you have any questions.

Report All Changes within 10 Days

You understand that you are **required** to notify the Family Services office, in writing, within **10 days** if any of the following changes occur: Where you live; Where you work; Your household income; Your household size; Your reason for care; When you start or stop school or training; When you remove your child from care; When you start or stop working and/or any other changes that can affect child care scholarship eligibility. Forms to report these changes are found on the ELC website. **Please Note: Failure to report any changes could result in termination of your School Readiness Scholarship.**

Right to Appeal

If you do not agree with a decision regarding your child care scholarship(s) funding, you have the **right to appeal** that decision if you believe it was made in error and not based on policy. Decisions based on policy cannot be appealed. You must submit an Eligibility Appeal Form (G-10F-15) to Family Services within **10 business days from your termination date** to begin the case review process. It is recommended that you keep copies of all paperwork provided by the Early Learning Coalition to determine your eligibility. You can visit the "Download" page on the ELC website at elcpinellas.net/sr-downloads to review the complete Grievance/Dispute Resolution Policy.

Data Exchange and Release of Information

Florida's Office of Early Learning and the Early Learning Coalition has the right to initiate and/or receive data either through direct contact or an automated data exchange process to establish the validity of household information provided by the applicant/recipient to receive program benefits. This will include but not be limited to: Social Security numbers, birth dates, immunization status, school/training information, and/or all sources of potential and reported earned and unearned income sources (employment records, unemployment benefits, TANF, child support, etc.). By signing this agreement you authorize the Early Learning Coalition to share your household information, including social security numbers, to School Readiness Collaborative Partners for conducting research and program benefit purposes only. The Collaborative Partners include: Department of Children and Families, Department of Health, Early Steps, Eckerd Community Alternative, FDLRS, Head Start, Juvenile Welfare Board, Pinellas County Health and Human Services, Pinellas Licensing Board, Pinellas County School Board, R'Club, USDA Food Program, Department of Financial Services, and any Local, State and/or Federal Law Enforcement agencies as requested. Your personal information will not be shared with anyone other than those stated in this agreement for the express purposes as stated in the agreement.

Limited Funding Notice

School Readiness Scholarships are dependent upon the availability of funds from state and local resources. Available funding varies during the year and at times is not available which may result in the termination of your scholarship. **You will receive a minimum of 14 days notice if your scholarship(s) ends.**

School Readiness Approved Provider and Scholarship Authorization

Your School Readiness scholarship is only valid at Certified School Readiness Providers. The ELC will not be responsible for charges you acquire from a provider who has not completed the School Readiness certification process. Your child care scholarship(s) can not start until you are determined eligible and your enrollment is processed.

Right to Change Providers (Transfers)

In order to change SR child care providers, a Child Care Transfer form must be completed and submitted to the Family Services Department **72 hours** prior to the start date. The Child Care Transfer form is available on our website at elcpinellas.net/sr-downloads. Once your child care transfer is approved by ELC, then confirmation of the enrollment will be mailed to you. A copy will be sent to the provider. If you move your child without authorization from the Family Services Department, you will be responsible for paying the full cost of care. If you are not comfortable with the quality of child care being provided or concerned for the safety of your child, you should immediately notify the ELC.

Responsibility to Sign In and Out

You are responsible to sign your child in and out of care each day they attend. Your signature must be a full signature in ink and include the arrival time and departure time. Parents may be held financially responsible due to nonpayment as a result of missing or inadequate signatures. School age children may be signed into care after school by the provider if this occurs during hours that the parent is working or in school; **the parent must sign the child out.** It is not otherwise acceptable for providers to sign children in and out of care or for there to be no signature. Anything less than a parent/guardians full signature (first initial and full last name is acceptable) in ink with the time in and out of care are considered non-reimbursable days. **This is being strictly enforced.**

Responsibility to Pay Co-Payments

You are responsible to pay your child care provider the established daily parent copayment assigned. If the provider charges more than the ELC's child care reimbursement rate, you may have to negotiate or pay the extra money in addition to your parent copayment. It is important that you inquire about any additional provider fees before selecting your child care provider. You must stay current with your parent copayments. Unpaid copayments may be cause for termination from the child care scholarship program or may cause delay in processing transfer requests.

Responsibility to Maintain Attendance

Your child is authorized a total of three (3) absences per calendar month, except in the event of extraordinary circumstances. Ask your provider about their attendance policy. If you remove your child from child care for more than 10 days in any month without initiating a temporary termination by contacting Family Services, your child care scholarship may be terminated. This includes but is not limited to removal from care during summer months or during school breaks without making prior arrangements with the Early Learning Coalition. If your child is sick, you must call your provider to let them know.

Visitation Rights

The ELC strongly encourages you to visit your child while he/she is in care. You may visit anytime unannounced and let the provider know that you want to see where your child will play, eat and sleep. Discuss each of these activities with the provider as well as discipline and toilet learning policies. It is also recommended that you inquire about how this provider will help your preschool age child(ren) become school ready.

Screenings and Assessments

As a recipient of a School Readiness Scholarship, you give permission for your child to receive a developmental screening completed by your child care provider. In addition, a vision and hearing screening may also be administered to your child by qualified professionals periodically throughout the year at your child care provider's site.

Right to Confidentiality

Each parent has a right to confidentiality of their child's information and the right to inspect review and request a copy of his or her child's SR record.

Notice of Social Service Assistance

If you have a social service need, please contact "2-1-1" Tampa Bay Cares by phone for social service assistance 24 hours per day.

Parent's Choice of Sites and Type of Child Care

Licensed and Legal Exempt School Readiness Approved Child Care: Child Care providers under this category are licensed/legal exempt child care facilities (Family Child Care Homes, Child Care Centers, Faith Based or School Age Programs), and are a School Readiness Approved Provider. These providers must meet the Pinellas County Child Care Licensing Program standards and maintain compliance with their School Readiness Agreement.

Non-Licensed Care (Informal) (Relative or In-Home Non-Relative): Child Care caregivers under this category are not licensed under licensing standards and must maintain compliance with their School Readiness Agreement. Informal provider is defined as a responsible relative (non-parent) including siblings, age 18 or older. The relative may care for the child(ren) in the relative's home or the child(ren)'s home; a person (non-relative), age 18 or older, who cares for the child(ren) in the child(ren)'s own home. Informal providers may not reside in child's home.

Voluntary Prekindergarten Program (VPK): School doesn't start in kindergarten anymore. VPK is a **FREE** program for all children who turn 4 years old on or before September 1st each year. VPK classrooms are established throughout Pinellas County and offered by private child care providers and Pinellas County Schools. There are two VPK programs offered within the year; a school year program that is a maximum of 540 hours and a summer program that is for 300 hours. Each 4 year old may attend only one of these programs (school year or summer). **Register online at www.vpkpinellas.net.**

Head Start / Early Head Start: is an alternative care choice that may be available to you if your child is birth to mandatory school age. If you are interested in this program contact your local Head Start office at 727-547-5979.

Child Care Resource and Referral (CCR&R): All families can receive free help in researching and selecting early education programs that best meet their needs. CCR&R can provide you with assistance in locating Certified School Readiness Child Care Providers. Trained staff can answer your questions about choosing the best early learning program for your family and provide you with resources and recommendations on programs that are customized to your preferences. In addition, you will receive information about child development and developmentally appropriate practices. They can also offer you information about other services and resources available in your community. **Contact CCR&R by calling 727-400-4411** or at www.elcpinellas.net/ccrr to request a list of child care providers.

The Early Learning Coalition of Pinellas County does not discriminate against parents or children on the basis of race, national origin, ethnic background, sex, religious affiliation, or disability.

Eligibility Information Certification

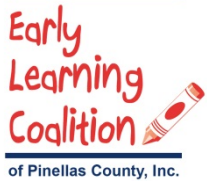
Please verify that all information you have submitted for scholarship determination is true and complete. Any knowing omissions, falsifications, misrepresentations or failure to report changes in a timely manner may disqualify your child(ren) from participating in child care scholarship programs and could be liable for prosecution under the law. In addition, you may lose the right to receive future benefits for a period of 5 years and may be responsible for repaying those benefits that you were not entitled to receive.

I acknowledge that I have fully reviewed this document and fully understand its contents and my responsibilities as the Parent/Guardian. Until such time that a change in policy or procedures warrants a revision or resigning, I agree that this remains in effect.

SIGNATURE of Parent/Guardian(Required)

PRINTED Name of Parent/Guardian(Required)

Date(Required)



Family Needs Survey

Filling out this form is **OPTIONAL** and **CONFIDENTIAL**

Parenting has never been easy, and parenting today seems to be even more difficult than ever. The Early Learning Coalition wants to support you in being the best you can be as a Family. This Family Needs Survey provides one method of support. Thank you for giving us this opportunity to share in your success.

FAMILY STRENGTHS:

What does your family do for fun?

- Read together Games & Puzzles Family Meals
 Outdoor activities (go to the park/play in yard/sports/athletic teams/exercise/go to the beach)
 Hobbies _____
 Family outings (movies/meals/bowling/other)
 Other: _____

FAMILY NEEDS:

Please mark the area(s) that you feel your family could use additional information or resources:

- | | |
|---|---|
| <input type="checkbox"/> Choosing Quality Childcare | <input type="checkbox"/> Child Development |
| <input type="checkbox"/> Child Language & Literacy | <input type="checkbox"/> Child Nutrition |
| <input type="checkbox"/> Child Behavior | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Child Health/Access to Healthcare | <input type="checkbox"/> Social Connections |
| <input type="checkbox"/> Healthy Parent/Child Relationships | <input type="checkbox"/> Food |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Diapers | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Other _____ | |

Has your family received any assistance with these services within the past year?

- Utilities Housing Clothing Food
 Other _____

Do you have any concerns about your child's development?

- No Yes - If yes, please explain concerns:

If your child has a diagnosed special need, is it documented?

- IEP FSP 504 Plan Other _____

Are you expecting any changes within the next 12 months?

- Moving Employment Marital Status Household Size
 Birth of Child Other _____

If you checked any of the boxes above, please explain:

Name: _____ Date _____

PRINT CLEARLY

SS# _____

Preferred method of contact: Phone Mail

Email _____

ELC OFFICE USE ONLY

Resources Provided:	
Community Connection:	
Internal Connection:	
Family Services Specialist:	
Date:	