



# SCHOOL READINESS APPLICATION

2536 Countryside Blvd.  
Suite 500  
Clearwater, FL 33763  
[www.elcpinellas.net](http://www.elcpinellas.net)  
(727) 400-4411

**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**.

IDENTIFICATION	REQUIRED VERIFICATION
<b>Identity and Proof of Florida Residency of Parent/Guardian</b>	A valid <b>Photo</b> identification is required. Acceptable identification can be a: driver's license, state/government issued identification, or passport. These cannot be expired. <b>Proof of Residency</b> can be a: valid FL Driver's License or current Utility Bill or current signed Lease.
<b>Identity, Verification of Child's Age, Relation to Parent, and Citizenship of Child(ren)</b>	A <b>valid Birth Certificate</b> is required to document the identity of the child and US citizenship (or qualified eligible alien status) of the child.
PURPOSE FOR CARE	REQUIRED VERIFICATION (Both Parents if a 2 parent household)
<b><u>Referral</u></b>	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 must be submitted directly to the Early Learning Coalition by the agency making the referral.
SR Packet	REQUIRED FORMS
Application for School Readiness	Section I – Complete with your contact information. Section II – Complete with child(ren)'s information. Sign and date the bottom of the form.
Child Support Verification	Must complete a separate form for each absent parent of the child(ren). Absent Parent Information – List each absent parent's name and the child(ren) that correspond(s). ***If the absent parent(s) are unknown, complete form(s) listing "unknown father" and/or "unknown mother". Section I – Check "Foster care" as the reason for non-receipt, sign and print your name, and date.
School Readiness Scholarship Participant Agreement	Review your rights and responsibilities. Sign, print your name, and date the bottom of the second page that you agree to its contents.

If you have questions about your scholarship or how to complete the recertification packet, please contact ELC directly at (727)400-4411 and ask to speak with an ELC Specialist.

## APPLICATION FOR SCHOOL READINESS

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

### SECTION I. PARENT/GUARDIAN INFORMATION

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

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

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

### SECTION III. ALL OTHER HOUSEHOLD MEMBERS INFORMATION

1.	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

**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

## 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.\*\***

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

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 \_\_\_\_\_

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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: \_\_\_\_\_

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# 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 with supporting documentation, within **10 calendar 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](http://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, you must ensure that all copayments have been paid or establish a repayment arrangement with your provider. Then, 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](http://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 1<sup>st</sup> 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](http://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](http://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)