

Terms and Conditions in the Family Portal Account

Parental Rights and Responsibilities/Terms and Conditions

Enrolled Child: Not Test Tester

Child Date of Birth: 5/10/2017

Parent Name: Not Test Tester

I understand I have the right to be notified of decisions made regarding my services and the right to appeal any decision, including reductions in or termination of services.

Services will be provided based on placement priorities (1002.87), and availability of funding. You must recertify on or before your last day authorized or your services will be terminated. If this occurs, you will be solely responsible for your child care costs until which time as you are able to be reinstated (if eligible) or you must call to be placed on the waiting list (if eligible).

I authorize any release of information to OEL, its local school readiness agent (e.g., coalition or contractor), the Department of Financial Services (DCF) if ((0)) information is provided or if there is any other reason to suspect fraud.

I understand that for my first eligibility determination on or after July 1, 2016, it is my responsibility to report within 10 calendar days of any change of circumstances related to:

- Address
- Temporary/Non-temporary work or education
- Family size
- Failure to maintain attendance at a job training or education program
- Income exceeds 85% of the state median income (SMI)

I understand that for my first eligibility determination on or after July 1, 2016, and for subsequent 12 month eligibility periods, it is my responsibility to report within 10 calendar days of any change of circumstances related to:

- Address
- Temporary/Non-temporary work or education
- Family size
- Failure to maintain attendance at a job training or education program
- Income exceeds 85% of the state median income (SMI)
- Any changes in income

I understand that the coalition or contractor will not discriminate against my family on the basis of race, national origin, ethnic, background, sex, religious affiliation or disability.

I understand that if I am assessed a parent copay by the coalition or contractor for participation in the SR Program, I must satisfactorily fulfill my copayment obligation before I will be allowed to transfer to another SR Program provider. Satisfactory fulfillment of the copayment obligation is defined as immediate payment of the outstanding copayment obligation or establishment of a repayment plan for the outstanding copayment obligation.

I understand that I have the right to unlimited access to my child or children during normal hours of child care provider operation and whenever the child is in the provider's care.

I understand that I have the right to confidentiality of my child's or children's information and the right to inspect, review and request a copy of my child's or children's SR records.

I understand that as a parent, I have the right to choose from a variety of child care categories, including center-based care, family child care and informal child care to the extent authorized in the state's CCDF Plan that the United States Department of Health and Human Services approved pursuant to 45 CFR s. 98.30. A coalition may not limit or exclude a faith-based provider's care and curriculum in any of these categories.

I authorize ELC of the Big Bend Region to review and duplicate my child's health records, which may include but not be limited to immunization records, physical exam and results of any screening.

When necessary, I authorize ELC of the Big Bend Region staff and/or my child care provider to complete a child development screening and assessment for my child. I also give consent for a Level-I Development Screening to be completed by ELC of the Big Bend Region Staff or ELC of the Big Bend Region trained providers and a Level-II screening as needed to verify results.

I do not wish for my child(ren) to be screened by a ELC of the Big Bend Region staff.

[Decline](#)