



Early Learning Coalition

OF PINELLAS COUNTY

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| DEPARTMENT: Eligibility | SUBJECT: Eligibility Guidelines for SR Plus |
| REVISED: 10/5/21 | AUTHORIZATION APPROVAL: Family Services Manager |

Eligibility Criteria: SR Plus funds preschool children who fall outside the traditional School Readiness guidelines. This program is based on the availability of local funding.

- Children ages 0-5. (Non-school agers)
- Clients who do not meet FT purpose for care requirements due to low or no hours.
- Two parent household that does not meet the combination of 40 hours per week requirement.
- Client's income must be under 300%FPL.

Purpose for Care: Job Search/Education/Employment/Disability

Initial Eligibility: Clients will apply to the wait list.

Income to Count: All household income counts. The gross household income cannot exceed 300%FPL.

Authorization Period:

- Clients with a VPK Age Eligible Child: Date of Determination to **8/10/22**
- Clients with no VPK Age Eligible Children: **12 months** of Eligibility

Rollovers FROM Other Funding Categories: If a client is no longer eligible under School Readiness Services, they may roll into SR Plus *if* funding is available.

Rollovers TO Other Funding Categories: If a client under SR Plus reports a change that makes them eligible for School Readiness services, they may roll on date of processing. Email supervisor to inform them when the rollover is complete.

Terminations: A child can no longer continue under SR Plus once they enter Kindergarten.

Keying:

1. Care Authorization and Assignment Dates:
 - a. Clients with a VPK Age Eligible Child: Date of Determination to **8/10/22**
 - b. Clients with no VPK Age Eligible Children: **12 months** of Eligibility

2. Assignment Funding Details:
 - a. Funder Type: Local
 - b. Local Billing Code: 26-SR Plus

Add Eligibility Assignment

Funding Details

Funder Type*
 SR Local E-TAPP P-TAPP

Local Billing Code* **Eligibility Code** **Match Funder**

3. Co-Pays OVER 85% SMI:
 - a. Use “How to Correct Fees” guidance.
 - b. Co-Payment Reduction or Waiver Reason: Local Funder Copay Coverage.

Full Time Co-payment Waiver or Reduction

Full Time Co-payment is Waived or Reduced

Reduction Amount* **Co-payment Reduction or Waiver Reason***

Additional Waiver or Reduction Details

Part Time Co-payment Waiver or Reduction

Part Time Co-payment is Waived or Reduced

Reduction Amount* **Co-payment Reduction or Waiver Reason***

Additional Waiver or Reduction Details

Resulting Full Time Co-payment Amount **Resulting Part Time Co-payment Amount**

Completion:

Email supervisor once complete with the following information:

1. Client’s name
2. Each Eligible Child’s Name
3. Each Eligible Child’s DOB
4. Completion Date
5. Reason client was ineligible for SR (Over income/No Purpose for Care)

Note: The information listed in these guidelines are not all inclusive and staff are responsible for ensuring that all applicable rules, policies and procedures are adhered to in the execution of their duties and responsibilities as it relates to their position. These guidelines can be modified and exceptions may be made upon justification within program policy and with management approval. This procedure will be reviewed periodically or as needed for updates or revisions as approved by management.