

SCHOOL READINESS PROGRAM
SCHOOL READINESS DISCLAIMER STATEMENT



According to the Office of Early Learning (OEL) Rule 6M-4.203(2)(b)

'A parent must notify the coalition, or its designee, of any change in employment, income, or family size within ten (10) calendar days.' A client that has a loss/break of employment and reports it within the specified timeframe may be able to maintain eligibility for financially assisted school readiness services. Failure to do so will lead to the termination of your child care services. If a loss/break of employment is not reported within the specified timeframe, sanction penalties will be imposed.

Client Name: _____ Last Four of SSN: _____

VERIFICATION OF EMPLOYMENT

A. ☐ NEW/RE-ENTER CLIENT:

1. Your income must be verified before child care can be authorized.
2. All sections of the 'Verification of Employment' form must be filled out by authorized personnel.
3. The form must be returned and information complete before child care can be authorized.
4. My signature below confirms I understand that in order to continue the child care services at the time of my next recertification. I must have 6-8 weeks of current check stubs/receipts if paid:

Weekly – 6 check stubs/receipts
Bi-weekly – 3 check stubs/receipts

Semi-monthly – 4 check stubs/receipts
Monthly – 2 check stubs/receipts

B. ☐ CLIENTS WHO HAVE CHANGED JOBS OR SHIFT HOURS:

1. Your income must be verified before child care can be authorized for more than 14 calendar days.
2. All sections of the 'Verification of Employment' form must be filled out by authorized personnel.
3. The form must be returned and information complete no later than your recertification date of _____ or child care services will be terminated.
4. My signature below confirms I understand that in order to continue the child care services at the time of my next recertification. I must have 6-8 weeks of current check stubs/receipts if paid:

Weekly – 6 check stubs/receipts
Bi-weekly – 3 check stubs/receipts

Semi-monthly – 4 check stubs/receipts
Monthly – 2 check stubs/receipts

Client Signature

Date

VERIFICATION OF LOSS/BREAK OF INCOME OR EMPLOYMENT

1. All sections on the 'Loss/Break of Income or Employment' form must be filled out by authorized personnel.
2. The form must be returned and information verified no later than your recertification date of _____ or child care services will be terminated.

Client Signature

Date

ELCHC Staff Signature

Date

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