

## SCHOOL READINESS PROGRAM TERMS AND CONDITIONS



**Provisions of ELCHC services are subject to eligibility requirements, availability of funding, and enrollment priorities.** It is a parent's right to confidentiality of child information and the right to inspect, review and request a copy of his or her child's record. Parents have the right not to be discriminated based on race, national origin, ethnic background, sex, religious affiliation or disability.

### **The parent/caregiver/guardian understands and agrees to the following:**

The Florida Office of Early Learning and ELCHC 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 necessarily be limited to: social security benefits, birth dates, immunization status and/or all sources of potential and reported earned and unearned income sources. (Employment records, unemployment benefits TANF, Child Support, etc.)

If determined eligible, to ELCHC and/or the Department of Financial Assistance/Division of Public Assistance Fraud to request all information relating to his/her eligibility and to make inquiry into all statements of information given. I understand that if I give false information, sign inaccurate attendance documents or fail to report changes in my circumstances, my case may be referred to the Department of Financial Assistance/Division of Public Assistance Fraud for action and possible prosecution.

If determined eligible and service is terminated, suspended or reduced; or if a parent/caregiver/guardian is dissatisfied with any service, he/she has the right to request a fair hearing and right to appeal decisions.

If determined eligible, any facility the parent selects must allow the parent/caregiver/guardian to visit the child while in care.

If employed at the same child care facility the child attends, direct care cannot be provided to the child; the care must be provided by another classroom teacher. The parent/caregiver/guardian also understands that if employed by a family child care home, the child cannot attend the same facility.

If determined eligible he/she may freely select the type of care as defined in the Parent Placement Options that best meets the needs of the child(ren) and family as applicable within the funding requirements for which he/she is eligible.

If determined eligible, to sign the child(ren) in and out daily from their chosen legal child care arrangement. Parent signature may not be pre-signed or dated prior to the last day of attendance for the month. **I also agree that I am responsible to pay the parent copayment in a timely manner and that ELCHC will not be held responsible for any rates exceeding the allowable maximum or any additional charges.** A parent/caregiver/guardian may not transfer ELCHC program services to another school readiness program provider until the parent/caregiver/guardian has submitted documentation from ELCHC program provider stating that the parent/caregiver/guardian has satisfactorily fulfilled the copayment obligation.

Certifies receipt of the 'Early Childhood Expectations,' '211-Community Resource Guide,' Voluntary Prekindergarten information and literacy tips/guide.

He/she has the right to be notified if, as a result of any redetermination, the child(ren) is determined ineligible for financial assistance.

The information given is true and complete to the best of the parent/caregiver/guardian's knowledge. You must submit in writing to the ELCHC program within **10 calendar days any changes in income, employment, family size, address or any other information which could affect possible ELCHC assistance eligibility. Failure to do so will lead to the termination of your child care services. If a loss of employment is not reported within the specified time frame, sanction penalties will be imposed.** It is also your responsibility, if determined eligible, to recertify for

your ELCHC assistance prior to the end of your authorization period. If you do not, your ELCHC assistance will be terminated the day following the end of the authorization period.

If determined eligible for ELCHC subsidy, non-school age child(ren) will receive a developmental screening designed to assess their current developmental level. If you do not wish to have your child screened, you must request and sign the 'Parent Option to Decline Child Screening' form.

**Privacy Act Statement**

Social security numbers are requested on this form under s. 119.071(5) (a) 2., F.S., for use in the records and data systems of the Florida's Office of Early Learning and ELCHC. Social security numbers will be used for routine data requests, state and federal reporting requirements, identification, and to verify eligibility for the ELCHC program, including, but not limited to family income. Submission of social security numbers on this form is voluntary and not a condition of enrollment in the ELCHC program.

**By signing ELCHC Programs Client Application form, I acknowledge that I have reported on this form all income of my household and that all of the information I have provided is true and correct and have received a copy of these terms and conditions. I agree that my signature on file serves as my signature on the Child Care Certificate and Pre-Authorization Child Care Certificate and the (SR 100) – Income Worksheet. I also agree that my signature on file may be used for up to 12 months from the date below when reported changes result in an updated computer generated Application and Income Worksheet.**

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Signature of Parent/Guardian

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Today's Date