

SSN is not required for eligibility and services will not be denied due to failure to provide a SSN* Family information if living in the household-Must be completed* ***See Privacy Act Statement on Page 3*****

(A1) Parent/Guardian:		Date of Birth:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian <input type="checkbox"/> American Indian
Employer/School:			
Employer/School Address:			
Employer/School Telephone:			
(A2) Parent/Guardian:		Date of Birth:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian <input type="checkbox"/> American Indian
Employer/School:			
Employer/School Address:			
Employer/School Telephone:			
Home Address (documentation required):			Apt/Lot#:
City:		State:	Zip Code:
Mailing Address (if different from home Address):			
City:		State:	Zip Code:
Home Phone:		Other Phone:	Cell Phone:
Email:			
Primary Language Spoke at Home: <input type="checkbox"/> Bosnian <input type="checkbox"/> Chinese <input type="checkbox"/> Creole <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Polish <input type="checkbox"/> Sign Language <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other			
If you would like to receive a list of child care providers, please check the box: <input type="checkbox"/>			

List all children in the household requiring child care- ALL INFORMATION MUST BE COMPLETED

1 First/Last Name:		Date of Birth:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian <input type="checkbox"/> American Indian
US citizen/legal alien: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child related to (check one): <input type="checkbox"/> A1 <input type="checkbox"/> A2	Relationship to child: Choose an item.	Child's current grade level (if applicable): Choose an item.
2 First/Last Name:		Date of Birth:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian <input type="checkbox"/> American Indian
US citizen/legal alien: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child related to (check one): <input type="checkbox"/> A1 <input type="checkbox"/> A2	Relationship to child: Choose an item.	Child's current grade level (if applicable): Choose an item.
3 First/Last Name:		Date of Birth:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian <input type="checkbox"/> American Indian
US citizen/legal alien: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child related to (check one): <input type="checkbox"/> A1 <input type="checkbox"/> A2	Relationship to child: Choose an item.	Child's current grade level (if applicable): Choose an item.
4 First/Last Name:		Date of Birth:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian <input type="checkbox"/> American Indian
US citizen/legal alien: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child related to (check one): <input type="checkbox"/> A1 <input type="checkbox"/> A2	Relationship to child: Choose an item.	Child's current grade level (if applicable): Choose an item.

Household Information MUST BE COMPLETED

Family unit means parent (s) living together, their minor children and any other children for whom the parents are legally responsible. A family unit may also include any additional related adults who reside with the family and whom the family supports financially. If counted as part of the family unit, you must include each person's countable income (earned or unearned).

How many people in your family unit? _____ Adults: N/A Children: N/A

Client's **Legal** Marital Status: N/A

Initial **one** of the two statements below:

(initial if applicable) _____ I certify that I am not living with the child(ren)'s mother/father.

(initial if applicable) _____ I certify that I am living with the child(ren)'s mother/father.

Names of other household residents	Date of Birth	Gender Male/Female	SSN#	Resident is currently enrolled in school?	Resident contributes financially to household?	Relationship to Applicant	Relationship to each child in the section above
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

TERMS and CONDITIONS

Provisions of School Readiness 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 SR record. Parents have the right not to be discriminated based on race, national origin, ethnic background, sex, religious affiliation or disability.

Please place your *initials* in each section below to indicate that you have read, understand and accept each of the following terms and conditions:

_____ The parent /caregiver/guardian understands that the 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 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.).

_____ The parent/caregiver/guardian gives consent, if determined eligible, to the School Readiness Agency 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.

_____ The parent/caregiver/guardian understands, 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.

_____ The parent/caregiver/guardian understands that if determined eligible, any facility the parent selects must allow the parent/caregiver/guardian to visit the child while in care.

_____ The parent/caregiver/guardian understands that 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.

_____ The parent/caregiver/guardian understands, 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.

_____ The parent/caregiver/guardian understands and agrees, 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 the School Readiness agency will not be held responsible for any rates exceeding the allowable maximum or any additional charges. A parent/caregiver/guardian may not transfer school readiness program services to another school readiness program provider until the parent/caregiver/guardian has submitted documentation from the current school readiness program provider stating that the parent/caregiver/guardian has satisfactorily fulfilled copayment obligation.

_____ The parent/caregiver/guardian certifies receipt of the "Early Childhood Expectations", "211 - Community Resource Guide", Voluntary Prekindergarten information and literacy tips/guides.

- _____ The parent/caregiver/guardian understands he/she has the right to be notified if, as a result of any redetermination, the child(ren) is determined ineligible for financial assistance; or loss of funding.
- _____ The parent/caregiver/guardian certifies that the information given is true and complete to the best of the parent/caregiver/guardian's knowledge. You must submit in writing to the School Readiness Program within **10 calendar days** of any change of circumstances related to; income, address, temporary/non-temporary work or education status, family size, failure to maintain attendance at a job training or education program or income that exceeds 85% of the state median income (SMI). Failure to do so may lead to the termination of your child care services. It is also your responsibility, if determined eligible, to recertify for your school readiness assistance prior to the end of your authorization period. If you do not, your school readiness assistance will be terminated the day following the end of the authorization period.
- _____ The parent/caregiver/guardian certifies that their family's total assets do not exceed \$1,000,000.

The parent/caregiver/guardian understands that, if determined eligible for School Readiness subsidy, non-school age child(ren) will receive a developmental screening designed to access 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 Office of Early Learning and Early Learning Coalitions. Social security numbers will be used for routine data requests, state and federal reporting requirements, identification, and to verify eligibility for the School Readiness 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 School Readiness Program.

By signing below, I acknowledge that I have reported on the School Readiness Programs Client Application form and The Office of Early Learning Income Worksheet for Eligibility and Parent Copayments 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. I also agree that this acknowledgement shall be made and documented at each determination of eligibility.

_____ Date: _____

Parent/Caregiver/Guardian Signature

Signature of staff verifying completion of this form

Print Name