



Exemptions from Work Requirements Due to Disability or Age Verification Form

School Readiness Program
(Rev. 8/21/17)

TO BE COMPLETED BY A PHYSICIAN LICENSED UNDER CHAPTER 458 OR 459, F.S.

Dear Medical Provider:

In order for a parent/guardian to qualify for child care assistance due to a disability or age, the exemption must prevent them from caring for the child(ren) on a full-time basis. ***If applicable***, please answer the following questions to assist us in determining the client’s eligibility.

Print Parent or Guardian’s Name: _____

Eligibility for child care assistance based on a parent/guardian disability or age:

Choose one:

- Is permanently disabled
- Is temporarily disabled until _____
(Date)
- Exempt from work requirements due to age

Licensed Physician’s Signature

Date

Licensed Physician’s Name PRINTED

Licensed Physician’s Telephone Number

Licensed Physician’s Address

**6800 N. Dale Mabry Highway, Suite 158, Tampa, FL 33614
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