



Request to Change Status

School Readiness Program

(Rev. 12/3/19)

The Parent/Guardian will upload this form and the supporting documents to the Family Portal at familyservices.floridaearlylearning.com. For assistance in accessing the portal, call Family Services at (813) 515-2340.

Date: _____ Parent/Guardian Phone Number: _____

I, _____ hereby request that the change of status becomes
(Parent/Guardian Name)

effective: _____
(Specify date)

The change applies to the child(ren) listed below. **List child(ren):**

Name of Children	SS/ID#
1.	
2.	
3.	
4.	
5.	

For Change in:	Example of Forms or Documentation to Attach:
<input type="checkbox"/> Marital Status	Client Information Form/Marriage license/Divorce Decree
<input type="checkbox"/> Employment	Verification of Employment Form*/letter from employer/pay stubs/receipts <i>(Note: if this is a new employment a completed Loss/Break of Employment form is also necessary)</i>
<input type="checkbox"/> Loss/Break of Employment	Verification of Loss of Employment Form*/letter from employer
<input type="checkbox"/> Income	Verification of Pay Rate Form*/letter from employer/pay stubs
<input type="checkbox"/> Schedule	Verification of Employment Schedule*/letter from employer
<input type="checkbox"/> School	School Verification Form*/letter from educational institute/school schedule
<input type="checkbox"/> Number in Household	Client Information Form*/supporting documentation
<input type="checkbox"/> Child Support	Child Support Verification Form*/supporting documentation
<input type="checkbox"/> Address Change	Client Address Change Request Form*/verification of new address
<input type="checkbox"/> Food Stamps	Print out from DCF/award letter
<input type="checkbox"/> Housing Assistance	Print out from Housing
<input type="checkbox"/> SSI/SSDI/SSB	Current Social Security Administration Award letter
<input type="checkbox"/> Add a Child	Client Request to Add a Child Form*/verification of age & child's legal status
<input type="checkbox"/> Other	



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***Note** - Parent/Guardian is required to complete a new Office of Early Learning Income Worksheet for Eligibility and Parent Copayments* when reporting a 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). *Forms can be found at <https://www.elhc.org/resource-center/> (**Please attach relevant documentation to verify the change**).

Explain in full detail the change you are requesting:

I understand by signing this request I authorize the School Readiness Program to enact the change I have hereby requested.

Signature of Parent/Guardian

Today's Date

Office use only:

Date form received: _____ Received by: _____

Form completed? Yes No

If no, reason: _____ *contacted client on status*