



# Exemptions from Work Requirements Due to Disability or Age Verification Form

School Readiness Program  
(Rev. 12/3/19)

**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**

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