



Request to Change Status

School Readiness Program

(Rev. 06.30.22)

The Parent/Guardian will upload this form and the supporting documents to the Family Portal at familyservices.floridaeearlylearning.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	Date Of Birth
1.	
2.	
3.	
4.	
5.	

For Change in:	Example of Forms or Documentation to Attach:
<input type="checkbox"/> Marital Status	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	Letter from employer/pay stubs
<input type="checkbox"/> Schedule	Letter from employer
<input type="checkbox"/> School	School Verification Form*/letter from educational institute/school schedule
<input type="checkbox"/> Number in Household	Supporting documentation
<input type="checkbox"/> Child Support	Supporting documentation
<input type="checkbox"/> Address Change	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	Verification of age & child's legal status
<input type="checkbox"/> Other	



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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
