

I hereby authorize the following person(s), agency(ies), and the Early Learning Coalition of Florida's Heartland, Inc. to engage in verbal or written communication for myself and/or my children, in order to plan and provide the best services for my child(ren) and family. I am aware that many agencies and programs may be working cooperatively to provide services and that effective communication between them is essential. I realize that my records may be reviewed by the funding agency in routine monitoring activities of the program.

Autorizo por este medio a las agencias y personas de esta lista así como a la Early Learning Coalition of Florida's Heartland, Inc. para establecer comunicación verbal o escrita con el fin de planear o proporcionar mejores servicios para mí, mis niños o mi familia. Estoy enterado que algunas agencias tal vez necesiten trabajar cooperativamente para proveer mejores servicios por lo cual una comunicación efectiva es esencial. Yo comprendo que mi fólter tal vez deba ser revisado periódicamente por la coalición como parte de la rutina que monitorea las actividades del programa.

I am aware that the Early Learning Coalition of Florida's Heartland, Inc. is mandated by the State of Florida to report any suspected abuse and/or neglect.

Estoy enterado que la Early Learning Coalition of Florida's Heartland, Inc. esta obligada por el Estado de la Florida a reportar cualquier sospecha de abuso o negligencia.

I give permission for the Early Learning Coalition of Florida's Heartland, Inc. to contact the following agencies to release information and to do referrals if necessary, in the best interest of my family.

Le doy autorización a la Early Learning Coalition of Florida's Heartland, Inc. de contactar a las agencias listadas en este documento o de referirme a las mismas si es necesario o es en el mejor interés de mi familia.

| | | | |
|-------------------------------------|---|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Dept of Children and Families or their contractors / Dept de niños y familia o sus contratistas | <input checked="" type="checkbox"/> | Housing Authority/Section 8 / Autoridades de vivienda publica |
| <input checked="" type="checkbox"/> | Childcare providers / Guarderías | <input checked="" type="checkbox"/> | Early Learning Coalition of Florida's Heartland |
| <input checked="" type="checkbox"/> | Local School Board / Escuelas Locales | <input checked="" type="checkbox"/> | RCMA |
| <input checked="" type="checkbox"/> | Screenings-Ages & Stages / Pruebas de edades y etapas de desarrollo | <input checked="" type="checkbox"/> | Partnership for Safe Children / Sociedad para la seguridad de niños |
| <input checked="" type="checkbox"/> | Child Support Enforcement / Oficina de Manutención de niños | <input checked="" type="checkbox"/> | CARE / Rehabilitación educativa para adictos |
| <input checked="" type="checkbox"/> | Early Steps / Pasos tempranos | <input checked="" type="checkbox"/> | Social Security/SSI / Oficina del Seguro Social |
| <input checked="" type="checkbox"/> | FDLRS | <input checked="" type="checkbox"/> | Foster Care Agencies / Agencias de Padres temporales |
| <input checked="" type="checkbox"/> | ACS (Welfare Transition/WAGES Programs / Programas de ayuda social y bienestar | <input checked="" type="checkbox"/> | Protective Services Agencies / Agencias de Servicios de Protección |
| <input checked="" type="checkbox"/> | Workforce Council / Oficina Consejera para trabajadores | <input checked="" type="checkbox"/> | Child Development Center / Centro de desarrollo del niño |
| <input checked="" type="checkbox"/> | Child Development Center / Centro de desarrollo del niño | <input type="checkbox"/> | Other / Otro: _____ |

Name of Child(ren)/Nombre de(l) los niño(s)

Date of Birth/Fecha de Nacimiento

I have received information regarding the privacy practices of the Early Learning Coalition of Florida's Heartland, Inc. *He recibido la información sobre la protección de mi privacidad de la oficina de la Early Learning Coalition of Florida's Heartland, Inc.*

Signature of Parent

Date

| | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Charlotte Office 3028 Caring Way, Suite 4 Port Charlotte, FL 33952 Phone: 941 255-1650 Fax: 941 255-5856 Toll-Free: 866-639-4979 | <input checked="" type="checkbox"/> DeSoto Office 4 West Oak Street, Suite H Arcadia, FL 34266 Phone: 863 494-5233 Fax: 863 494-5291 Toll Free: 866-639-4979 | <input checked="" type="checkbox"/> Hardee Office 324 N. 6 th Avenue Wauchula, FL 33873 Phone: 863-767-1002 Fax: 863-767-1007 Toll Free: 866-639-4979 | <input checked="" type="checkbox"/> Highlands Office 209 N. Ridgewood Drive Sebring, FL 33870 Phone: 863-314-9213 Fax: 863-314-4480 Toll-Free: 866-639-4979 |
|--|--|--|---|

www.elcfh.org



RELEASE OF INFORMATION

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- X Dept of Children and Families or their contractors
X Employers
X Childcare Providers
X Local School Boards
X Developmental Screenings/Ages & Stages
X Child Support Enforcement
X Early Steps
X FDLRS
X ACS (Welfare Transition/WAGES Programs
X Workforce Council

- X Child Development Center
X Early Learning Coalition of Florida's Heartland
X Housing Authority/Section 8
X Partnership for Safe Children
X RCMA
X CARE
X Social Security/SSI
X Foster Care Agencies
X Protective Services Agencies
Other: _____

Name of Child(ren)

Date of Birth

Blank lines for entering child name

Blank lines for entering date of birth

X I have received information regarding the privacy practices of the Early Learning Coalition of Florida's Heartland, Inc.

Signature of Parent

Date

Charlotte Office
3028 Caring Way, Suite 4
Port Charlotte, FL 33952
Phone: 941 255-1650
Fax: 941 255-5856
Toll-Free: 866-639-4902

DeSoto Office
4 West Oak Street, Suite H
Arcadia, FL 34266
Phone: 863 494-5233
Fax: 863 494-5291
Toll Free: 866-639-4979

Hardee Office
324 N. 6th Avenue, Suite 100
Wauchula, FL 33873
Phone: 863-767-1002
Fax: 863-767-1007
Toll Free: 877-767-1002

Highlands Office
209 N. Ridgewood Drive
Sebring, FL 33870
Phone: 863-314-9213
Fax: 863-314-4480
Toll-Free: 800-660-9213