

Eligibility and Enrollment Form for School Readiness Services

PLEASE COMPLETE EACH SECTION.

I. FAMILY INFORMATION					
Client Name	Relationship to Client Self	Birthdate	SSN (Optional)	Race	Sex
Name	Relationship to Client	Birthdate	SSN (Optional)	Race	Sex
Name	Relationship to Client	Birthdate	SSN (Optional)	Race	Sex
Name	Relationship to Client	Birthdate	SSN (Optional)	Race	Sex
Name	Relationship to Client	Birthdate	SSN (Optional)	Race	Sex
Name	Relationship to Client	Birthdate	SSN (Optional)	Race	Sex

Is there another child in the family currently enrolled
with another central agency and/or district?

Yes _____
No _____

Name of Central Agency:
Child's Name:

II. CONTACT INFORMATION			
Home Phone Number	Cell Number:	Family Size:	Parent's Marital Status:
Parent's Address:		Mailing Address:	
Email Address:		Language spoken at home:	
Emergency Contact:	Phone:	Relationship to Client:	

III. PURPOSE FOR CARE		
Parents/Guardians employed at least 20 hours a week?	Yes _____ No _____	(Attach paystubs for past 6 weeks)
at least 25 hours a week?	Yes _____ No _____	
Parents/Guardians disabled?	Yes _____ No _____	(Attach Verification of Disability)
Parents/Guardians currently attending school or training program?	Yes _____ No _____	(Attach copy of school schedule)
Name of Student:	School Name & Address:	
Hours:		

IV. FAMILY NEEDS SURVEY			
A variety of literature is available to you and your family. Please circle any topics of interest:			
Childrens Needs		Parent's Needs	
Sleeping Information	Safety in the Home	Child Abuse	Community Resources
Licensing Standards	Parent as Child's 1st Teacher	Language	Domestic Violence
Brain Development	Discipline, Behavioral Problems	Eating Habits	Building Self-Esteem
Social/Emotional	Child Development Stages	ADD/ADHD	GED
Building Self-esteem	Toileting Information	Special Needs	Work/Employment Info or Services

V. SIGNATURE: I certify that the information I have given is true and complete.

Signature of Client: _____ Date: ____/____/____

♥ **Charlotte Office**
3028 Caring Way, Suite 4
Port Charlotte, FL 33952
Phone: 941 255-1650
Fax: 941 255-5856
Toll-Free: 866-639-4979

♥ **DeSoto Office**
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♥ **Hardee Office**
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♥ **Highlands Office**
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Name of Employee

Social Security Number

Job Title

Seasonal Position? yes

no If yes, Season begins ends

Hire Date

Termination Date (if applicable)

Rate of pay

Number of Hours Worked Per Week

Frequency of Pay Weekly

Bi-weekly Semi-Monthly Monthly Other

Does employee receive tips?

Weekly Work Schedule		
	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Record of Pay Received for Last Six Weeks

Pay Date Hours Worked Gross Earnings Tips

Scholarship Childcare Rights and Responsibilities

- 1) **Choice of Child Care:** You have the right of "parental choice" in selecting a childcare provider. However, your provider must agree to participate in the School Readiness program. If your childcare is based on a protective service referral, you must choose an at-risk approved provider. You have the right to visit your child(ren) at any time while they are in care.
- 2) **Conduct:** Inappropriate conduct by you or your child at a childcare provider or the Early Learning Coalition of Florida's Heartland, Inc. (ELCFH) may result in termination of scholarship services.
- 3) **Parent Fees:** You are responsible to pay your parent fees directly to your childcare provider. If you have difficulty paying your parent fee, notify your Early Learning Analyst/Specialist immediately. Failure to pay the assessed fees will result in the termination of your childcare services.
- 4) **Additional Fees:** ELCFH **does not** pay for any registration fees, supplies, or costs of care over and above the maximum School Readiness rate. Your provider may charge you the difference between our maximum rate and their standard rates (differential fee). There may also be a local match percent subtracted from the provider's School Readiness reimbursement unless funds are donated. The provider may charge this percentage amount to you.
- 5) **Changes in Household Situation:** You are responsible to report within **10 days** if you have any changes including: **Employment, Income, Address, Telephone Number, Family Size, Marital Status, Maternity Leave or if your child starts school, including Head Start programs.** Failure to report any of the above changes to your Analyst/Specialist will be considered fraudulent and may result in one or all of the following:
 - * termination from the program
 - * criminal charges filed against you for fraud
 - * repayment of all child care used
- 6) **Provider Transfer:** If you choose to change providers, you must have all parent fees paid in full and honor your current provider's withdrawal policy. **BEFORE** you make the change, contact your Analyst/Specialist regarding transfer policies and procedures. You will be responsible to pay the new provider for childcare used before a transfer is approved.
- 7) **Schedule:** You must maintain at least 25 hours a week employment, or the equivalent in educational/training activities, for full-time childcare eligibility. If your hours are less than 25 but at least 20 per week, you will be eligible for part-time childcare. If your childcare is based on a protective service referral, your schedule will be approved as indicated. If you lose employment for any reason (i.e.: reduced hours, maternity leave, lost job, seasonal employment, etc), you are required to report to your Analyst/Specialist within 10 days.
- 8) **Absences:** No more than 3 absences per month per child may be paid except in the event of extraordinary circumstances, which will require documentation to be considered for payment. You will be responsible to your provider for unapproved absences. If your child is absent 5 consecutive days without contacting your provider or Analyst/Specialist, services may be terminated. If your childcare is based on a protective service referral, the provider is required under the Rilya Wilson Act, to notify the Department of Children and Families or their contractor, each time the child has an unexcused absence or 7 consecutive excused absences. For further information, you may request a copy of the Rilya Wilson Act Frequently Asked Questions handout.
- 9) **Dual Payment:** Up to 5 days per fiscal year (July 1 to June 30), ELCFH may pay 2 providers for the same day of service to pay for your provider's sick day or holiday. **Please remember, this must be pre-approved by your Analyst/ Specialist.**
- 10) **Re-determination or Update:** Re-determination or update notices are sent out randomly. It is very important that you follow the notice instructions. **If we do not receive the information requested by the DATE AND TIME indicated, your provider will be notified that services are terminated that day.**
- 11) **Appointments:** The appointments you make are **IMPORTANT**. If you are unable to keep your appointment, please call as soon as possible. If you are more than 15 minutes late, you may have to reschedule. Understand the Analyst/Specialist may not be available on a drop-in basis. Failure to keep or re-schedule an appointment may result in termination.
- 12) **Documentation:** It is your responsibility to provide your Analyst/Specialist with all necessary documentation, including proof of birth, residence, income or any other information needed to process your case. Failure to do so will result in termination.

I agree to comply with the rights and responsibilities as outlined. I certify that the information given is true and complete. I understand School Readiness Services are subject to the availability of funding and placement priorities. I understand the State of Florida requires all children receiving scholarship services, birth to the age of school entry, participate in a developmental screening. I consent to this screening with the understanding that I will be informed of any recommendations and that ELCFH will refer my child to Early Steps or FDLRS/CHILDFIND for further developmental evaluation as needed. I understand that regardless of my being referred by another service agency (i.e.: Protective Services, Welfare Transitions, etc.) I will still need to comply with ELCFH requirements. I give consent to ELCFH or Florida Department of Law Enforcement to make inquiry into statements or information given in the application. I understand that if I give false information, sign inaccurate attendance documents or fail to report changes in my circumstances, my case may be referred to the Florida Department of Law Enforcement for action.

Right to Appeal: If you disagree with a decision affecting your childcare scholarship, contact your Analyst/Specialist to begin the appeal process.

Signature of Client

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Early Learning Coalition of Florida's Heartland, Inc.

AUTHORIZATION OF RELEASE OF INFORMATION

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.

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.

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.

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

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

Name of Child(ren)

Date of Birth

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

Signature of Parent

Date

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