

Early Learning Coalition of Florida's Heartland, Inc.

www.elcfh.org

cs@elcfh.org

VERIFICATION OF EDUCATION

I give consent for release of my education information to the Early Learning Coalition of Florida's Heartland, Inc. (ELCFH) to determine my eligibility for child care.

Client Signature: _____ **Date:** _____

Dear Education Facility,

In order to determine the eligibility of our client listed below for child care services, please assist us by answering the questions below and returning this form to us.

Please return this form to: _____

Phone: _____ **Fax:** _____

Student Name: _____

Social Security #: _____

Address: _____

Title or Course Name: _____ **Classes start date:** _____ **End Date:** _____

Number of days attending in week: _____ **Total hours per week:** _____

Name of Instructor: _____

By signing this document, I am certifying the above information to be true and correct to the best of my knowledge and that the Early Learning Coalition of Florida's Heartland, Inc. may contact my agency to verify any of the above information for the said client.

Signature of staff completing form _____

Title: _____

Name of Educational Facility _____

Contact Number: _____ **Date Form Completed:** _____

Address of Educational Facility: _____



Charlotte Office
2886 Tamiami Trail, Suite 1
Port Charlotte, FL 33952
Phone: (941) 255-1650
Fax: (941) 255-5856

Highlands Office
6432 US HWY 27 South
Sebring, FL 33876
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