



STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

SAMPLE

I. PARENT #1 PROFILE <i>(Fields marked with * are required and must be completed)</i>			
<i>For the purpose of completing this application, "Parent" means a person that has legal custody of a minor as a: Natural or adoptive parent, legal guardian; person who stands in loco parentis to the minor or person who has legal custody of the minor by order of a court.</i>			
Parent First Name *	Parent Middle Name	Parent Last Name *	Parent Suffix
Ethnicity *	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic <input type="checkbox"/> Prefer not to answer		
Race(s) <i>Check those that apply.</i> *	<input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific <input type="checkbox"/> Black <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer		
Gender *	Marital Status *	Date of Birth * [MM/DD/YYYY]	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	/ /	
Are you currently active duty (serving full-time) in the US Military? * <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a member of the National Guard or Military Reserve Unit? * <input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security Number (Not Required)			
<i>Your social security number is not required but requested under s. 119.071(5)(a)2. and 119.092, F.S., for use in the records and data systems of the Office of Early Learning, Department of Education, school districts and early learning coalitions. If you submit your social security number, it will be used for routine identification of your school readiness application and eligibility and enrollment records.</i>			
ADDITIONAL PARENT #1 PROFILE INFORMATION <i>(Fields marked with * are required and must be completed)</i>			
Do you have a form from another agency titled Child Care Application and Authorization?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently working at least 20 hours per week, or if there are two parents in the household, are both of you working for a combined 40 hours per week? * If yes, you are required to complete the Employment section.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you enrolled and attending school? * If yes, you are required to complete the School/Training section.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you attending school and working? * If yes, you are required to complete the School/Training tab AND the Employment sections.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you disabled or unable to work as documented by a physician or a letter from the Social Security Administration awarding you disability benefits? *			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
PARENT #1 CONTACT INFORMATION <i>(Fields marked with * are required and must be completed)</i>			
Are you currently homeless or located at a Domestic Violence Shelter? If yes, please indicate a phone number and email address where you can be reached. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Residence Address *	Apt, Suite, etc.		City *
	County *	State *	Zip Code *
Mailing address if different from above *	Apt, Suite, etc.		City *
	County *	State *	Zip Code *
Primary Contact Phone Number *	Email Address *		



STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

SAMPLE

PARENT #1 CONTACT INFORMATION CONTINUED (Fields marked with * are required and must be completed)			
Secondary Contact Phone Number		Preferred Method of Contact *	
		<input type="checkbox"/> Primary phone number <input type="checkbox"/> Email <input type="checkbox"/> Mailing Address	
What is the primary language spoken at home? <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Native Central, South American and Mexican languages (e.g., Mixteco, Quichean) <input type="checkbox"/> Caribbean Languages (e.g., Haitian-Creole, Patois) <input type="checkbox"/> Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali) <input type="checkbox"/> East Asian Languages (e.g., Chinese, Vietnamese, Tagalog) <input type="checkbox"/> Native North American/Alaska Native Languages <input type="checkbox"/> Pacific Island Languages (e.g., Palauan, Fijian) <input type="checkbox"/> European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian) <input type="checkbox"/> African Languages (e.g., Swahili, Wolof) <input type="checkbox"/> Other (e.g., American Sign Language) <input type="checkbox"/> Unspecified (Unknown or head of household declined to identify home language)			
II. EMPLOYMENT INFORMATION (Fields marked with * are required and must be completed)			
Employer Name * (If you are self-employed, write "self-employed" here)		Employer Phone Number *	
Employer Address		City	State
			Zip Code
How often do you get paid? *		Rate of Pay (How much do you make per hour?) *	Number of hours per week worked? *
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly		Annual Income?	
Seasonal Employee? * <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a school board employee that works less than 12 months? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have child support and/or alimony taken out of your paycheck? * <input type="checkbox"/> Yes <input type="checkbox"/> No			
Upon submission of child support and/or alimony documentation verifying the deduction from your paycheck the annual amount deducted will be excluded from your gross annual income calculation.			
III. SCHOOL OR TRAINING INFORMATION (Fields marked with * are required and must be completed)			
Name of School or Training Facility *		Phone Number for School or Training Facility *	
School or Training Facility Address		City	State
			Zip Code
IV. PARENT #2 PROFILE (Fields marked with * are required and must be completed) For the purpose of completing this application, "Parent" means a person that has legal custody of a minor as a: Natural or adoptive parent, legal guardian; person who stands in loco parentis to the minor or person who has legal custody of the minor by order of a court.			
Parent First Name *	Parent Middle Name	Parent Last Name *	Parent Suffix
Ethnicity *		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic <input type="checkbox"/> Prefer not to answer	
Race(s) Check those that apply. *		<input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific <input type="checkbox"/> Black <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer	



STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

SAMPLE

IV. PARENT #2 PROFILE CONTNUED (Fields marked with * are required and must be completed)			
Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status * <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
		Date of Birth * [MM/DD/YYYY] / /	
Are you currently active duty (serving full-time) in the US Military? * <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a member of the National Guard or Military Reserve Unit? * <input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security Number (Not Required) <i>Your social security number is not required but requested under s. 119.071(5)(a)2. and 119.092, F.S., for use in the records and data systems of the Office of Early Learning, Department of Education, school districts and early learning coalitions. If you submit your social security number, it will be used for routine identification of your school readiness application and eligibility and enrollment records.</i>			
ADDITIONAL PARENT #2 PROFILE INFORMATION(Fields marked with * are required and must be completed)			
Do you have a form from another agency titled Child Care Application and Authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently working at least 20 hours per week, or if there are two parents in the household, are both of you working for a combined 40 hours per week? * If yes, you are required to complete the Employment section. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you enrolled and attending school? * If yes, you are required to complete the School/Training section. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you attending school and working? * If yes, you are required to complete the School/Training tab AND the Employment sections. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you disabled or unable to work as documented by a physician or a letter from the Social Security Administration awarding you disability benefits? * <input type="checkbox"/> Yes <input type="checkbox"/> No			
PARENT #2 CONTACT INFORMATION (Fields marked with * are required and must be completed)			
Are you are currently homeless or located at a Domestic Violence Shelter? If yes, please indicate a phone number and email address where you can be reached. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Residence is the same as Parent #1? (If no, please complete the below information) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Residence Address *		Apt, Suite, etc.	
		County *	State *
		City *	
		Zip Code *	
Mailing address if different from above *		Apt, Suite, etc.	
		County *	State *
		City *	
		Zip Code *	
Primary Contact Phone Number *		Email Address *	
Secondary Contact Phone Number		Preferred Method of Contact * <input type="checkbox"/> Primary phone number <input type="checkbox"/> Email <input type="checkbox"/> Mailing Address	



STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

SAMPLE

PARENT #2 CONTACT INFORMATION CONTINUED (Fields marked with * are required and must be completed)

What is the primary language spoken at home?

- English
- Spanish
- Native Central, South American and Mexican languages (e.g., Mixteco, Quichean)
- Caribbean Languages (e.g., Haitian-Creole, Patois)
- Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)
- East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)
- Native North American/Alaska Native Languages
- Pacific Island Languages (e.g., Palauan, Fijian)
- European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)
- African Languages (e.g., Swahili, Wolof)
- Other (e.g., American Sign Language)
- Unspecified (Unknown or head of household declined to identify home language)

V. EMPLOYMENT INFORMATION (Fields marked with * are required and must be completed)

Employer Name * (If you are self-employed, write "self-employed" here)		Employer Phone Number *	
Employer Address	City	State	Zip Code
How often do you get paid? * <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly	Rate of Pay (How much do you make per hour?) * Annual Income?	Number of hours per week worked? *	
Seasonal Employee? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a school board employee that works less than 12 months? * <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have child support and/or alimony taken out of your paycheck? * <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Upon submission of child support and/or alimony documentation verifying the deduction from your paycheck the annual amount deducted will be excluded from your gross annual income calculation.</i>			

VI. SCHOOL OR TRAINING INFORMATION (Fields marked with * are required and must be completed)

Name of School or Training Facility *		Phone Number for School or Training Facility *	
School or Training Facility Address	City	State	Zip Code

VII. CHILD #1 PROFILE (Fields marked with * are required and must be completed)

Child First Name *	Child Middle Name	Child Last Name *	Child Suffix
Ethnicity * <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer	Race(s) Check those that apply. * <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific <input type="checkbox"/> Black <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer	Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth * [MM/DD/YYYY] / /
U. S. Citizen or lawfully entered alien for permanent residence? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Have a current Individual Educational Plan (IEP) or Individual Family Service Plan (IFSP)? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Have a 504 designation? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently participate in a Head Start Program? * <input type="checkbox"/> Yes <input type="checkbox"/> No

Child Social Security Number (Not Required)

Your child's social security number is not required but requested under s. 119.071(5)(a)2. and 119.092, F.S., for use in the records and data systems of the Office of Early Learning, Department of Education, school districts and early learning coalitions. If you submit your social security number, it will be used for routine identification of your school readiness application and eligibility and enrollment records.



STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

SAMPLE

VII. CHILD #1 PROFILE CONTINUED <i>(Fields marked with * are required and must be completed)</i>		
Child Care is needed for the following days * (Check all the apply) <input type="checkbox"/> Sunday <input type="checkbox"/> Thursday <input type="checkbox"/> Monday <input type="checkbox"/> Friday <input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday <input type="checkbox"/> Wednesday	Type of Child Care Needed * (Check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Before-school <input type="checkbox"/> After-school <input type="checkbox"/> Days school is out	Parent #1's Relationship to the Child * <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Other <hr/> Parent #2's Relationship to the Child * <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Other

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STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

SAMPLE

CHILD #2 PROFILE (Fields marked with * are required and must be completed)			
Child First Name*	Child Middle Name	Child Last Name*	Child Suffix
Ethnicity* <input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic <input type="checkbox"/> Prefer not to answer	Race(s) Check those that apply. * <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific <input type="checkbox"/> Black <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer	Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth* [MM/DD/YYYY] / /
U. S. Citizen or lawfully entered alien for permanent residence? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Have a current Individual Educational Plan (IEP) or Individual Family Service Plan (IFSP)? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Have a 504 designation?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently participate in a Head Start Program? * <input type="checkbox"/> Yes <input type="checkbox"/> No
Child Social Security Number (Not Required)			
<i>Your child's social security number is not required but requested under s. 119.071(5)(a)2. and 119.092, F.S., for use in the records and data systems of the Office of Early Learning, Department of Education, school districts and early learning coalitions. If you submit your social security number, it will be used for routine identification of your school readiness application and eligibility and enrollment records.</i>			
Child Care is needed for the following days * (Check all the apply) <input type="checkbox"/> Sunday <input type="checkbox"/> Thursday <input type="checkbox"/> Monday <input type="checkbox"/> Friday <input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday <input type="checkbox"/> Wednesday	Type of Child Care Needed * (Check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Before-school <input type="checkbox"/> After-school <input type="checkbox"/> Days school is out	Parent #1's Relationship to the Child * <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Other Parent #2's Relationship to the Child * <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Other	
CHILD #3 PROFILE (Fields marked with * are required and must be completed)			
Child First Name*	Child Middle Name	Child Last Name*	Child Suffix
Ethnicity* <input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic <input type="checkbox"/> Prefer not to answer	Race(s) Check those that apply. * <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific <input type="checkbox"/> Black <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer	Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth* [MM/DD/YYYY] / /
U. S. Citizen or lawfully entered alien for permanent residence? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Have a current Individual Educational Plan (IEP) or Individual Family Service Plan (IFSP)? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Have a 504 designation?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently participate in a Head Start Program? * <input type="checkbox"/> Yes <input type="checkbox"/> No
Child Social Security Number (Not Required)			
<i>Your child's social security number is not required but requested under s. 119.071(5)(a)2. and 119.092, F.S., for use in the records and data systems of the Office of Early Learning, Department of Education, school districts and early learning coalitions. If you submit your social security number, it will be used for routine identification of your school readiness application and eligibility and enrollment records.</i>			
Child Care is needed for the following days * (Check all the apply) <input type="checkbox"/> Sunday <input type="checkbox"/> Thursday <input type="checkbox"/> Monday <input type="checkbox"/> Friday <input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday <input type="checkbox"/> Wednesday	Type of Child Care Needed * (Check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Before-school <input type="checkbox"/> After-school <input type="checkbox"/> Days school is out	Parent #1's Relationship to the Child * <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Other Parent #2's Relationship to the Child * <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Other	

Please make additional copies of this sheet for additional children in need of care that are not named above.



STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

SAMPLE

VIII. OTHER HOUSEHOLD MEMBERS (Fields marked with * are required and must be completed)			
Other Household Members include children living in household not in need of care.			
First Name *	Middle Name	Last Name *	Suffix
Ethnicity * <input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic <input type="checkbox"/> Prefer not to answer			
Race(s) Check those that apply. * <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific <input type="checkbox"/> Black <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer			
Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth * [MM/DD/YYYY] / /		
Relationship to Parent #1 * <input type="checkbox"/> Child <input type="checkbox"/> Step Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Sibling's Child <input type="checkbox"/> Grand Child <input type="checkbox"/> None of the above			
First Name *	Middle Name	Last Name *	Suffix
Ethnicity * <input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic <input type="checkbox"/> Prefer not to answer			
Race(s) Check those that apply. * <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific <input type="checkbox"/> Black <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer			
Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth * [MM/DD/YYYY] / /		
Relationship to Parent #1 * <input type="checkbox"/> Child <input type="checkbox"/> Step Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Sibling's Child <input type="checkbox"/> Grand Child <input type="checkbox"/> None of the above			
First Name *	Middle Name	Last Name *	Suffix
Ethnicity * <input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic <input type="checkbox"/> Prefer not to answer			
Race(s) Check those that apply. * <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific <input type="checkbox"/> Black <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer			
Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth * [MM/DD/YYYY] / /		
Relationship to Parent #1 * <input type="checkbox"/> Child <input type="checkbox"/> Step Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Sibling's Child <input type="checkbox"/> Grand Child <input type="checkbox"/> None of the above			

Please make additional copies of this sheet for additional household members that are not named above.



IX. OTHER INCOME (Fields marked with * are required and must be completed)

Person Full Name Earning Other Income:

Income Source * (Check all that apply)

- Alimony
- Child Support
- Dividends Interest
- Food Stamps (Not included in calculation. Federal reporting requirement)
- Pension
- Retirement Benefits
- Social Security (SSI)
- Temporary Assistance for Needy Families (TANF)
- Unemployment Compensation
- Veterans Benefits
- Workers Compensation
- Other

Amount Received Monthly *

Note

Person Full Name Earning Other Income:

Income Source * (Check all that apply)

- Alimony
- Child Support
- Dividends Interest
- Food Stamps (Not included in calculation. Federal reporting requirement)
- Pension
- Retirement Benefits
- Social Security (SSI)
- Temporary Assistance for Needy Families (TANF)
- Unemployment Compensation
- Veterans Benefits
- Workers Compensation
- Other

Amount Received Monthly *

Note

Person Full Name Earning Other Income:

Income Source * (Check all that apply)

- Alimony
- Child Support
- Dividends Interest
- Food Stamps (Not included in calculation. Federal reporting requirement)
- Pension
- Retirement Benefits
- Social Security (SSI)
- Temporary Assistance for Needy Families (TANF)
- Unemployment Compensation
- Veterans Benefits
- Workers Compensation
- Other

Amount Received Monthly *

Note

Please make additional copies of this sheet for other income sources received in the household.



STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

SAMPLE

X. DOCUMENTATION (Fields marked with * are required and must be completed)

If you are currently working **AND** enrolled in school, please include one of below items with this application as proof eligibility.

- Paystub
- Verification of Employment Statement
- Written Statement from Employer
- School Enrollment Form

If you are currently working at least 20 hours a week or if there are two parents in the household, are both of you working for a combined 40 hours per week, please include one of the below items with this application as proof eligibility.

- Paystub
- Verification of Employment Statement
- Written Statement from Employer
- School Enrollment Form

If you are currently disabled or unable to work as documented by a physician or a letter from the Social Security Administration awarding you disability benefits, please include one of the below items with this application as proof eligibility.

- Physician Statement
- Social Security Award Letter

If you have a form from another agency titled Child Care Application and Authorization, please include one of the below items with this application as proof eligibility.

- Child Care Application and Authorization Form

By signing this form I certify that:

- My family's total assets do not exceed \$1,000,000.00
- I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct.
- I give consent to the Office of Early Learning and/or the Department of Financial Services to request all information relating to my eligibility and to make inquiry into all statements of information given.
- I understand that if I give false information, sign inaccurate attendance documents or fail to report changes in my circumstances that would affect my eligibility for services or the level of my services; my case may be referred to law enforcement for investigation and possible prosecution.
- I also give consent to the Office of Early Learning to use computer matches with other government agency systems to verify the information I've presented.
- I understand that upon the submission of my application, the early learning coalition will review it and send me instructions on how to proceed.

Parent Signature

Date Signed