



Parent School Readiness Eligibility Pre-Application
 (Please complete entire form and provide to your Client Service Counselor)

Staff Initials: _____

GENERAL INFORMATION

Parent Name: _____ Date of Birth _____
 Other names used: _____
 Residential Address: _____ City: _____ Zip: _____
 Mailing Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 E-mail Address: _____

Marital Status: Divorced Married Widowed Separated Single
 Race: White Black Asian US Indian/Alaskan Hawaiian/Pacific Other

CHILD(REN) REQUIRING CARE

| Child's Name | Relationship of child to you (son, daughter, grand, etc.) | Child's Race | Date of Birth | Head Start or Early Head Start |
|--------------|---|--------------|---------------|--------------------------------|
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OTHER MEMBERS IN HOUSEHOLD

| Name | Relationship to you | Race | Date of Birth |
|------|---------------------|------|---------------|
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TOTAL INCLUDED IN FAMILY SIZE:
 (must provide employment/income or school documents for all adults counted in family size)

EMPLOYMENT INFORMATION

Employer Name: _____ Telephone: _____
 Employer Address: _____ City: _____ Zip: _____
 Hours Per Week _____ Rate per hour/salary: \$ _____ Pay Frequency: _____

SECONDARY EMPLOYMENT INFORMATION (OR) SECONDARY PARENT EMPLOYMENT INFORMATION

Employer Name: _____ Telephone: _____
 Employer Address: _____ City: _____ Zip: _____
 Hours Per Week _____ Rate per hour/salary: \$ _____ Pay Frequency: _____

DO YOU RECEIVE FOOD STAMPS: YES NO Amount \$ _____

DO YOU HAVE A CHILD SUPPORT CASE?

| YES | NO | CASE # | RECIPIENT | AMOUNT | \$ | FREQUENCY |
|-----|----|--------|-----------|--------|----|-----------|
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DO YOU PAY OUT CHILD SUPPORT?

| YES | NO | CASE # | AMOUNT | \$ | FREQUENCY | STATE |
|-----|----|--------|--------|----|-----------|-------|
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DO YOU RECEIVE ANY UNEARNED INCOME FOR YOURSELF OR ANY DEPENDANTS?

(TANF, Social Security, Veterans Benefits, Unemployment, etc.)

| YES | NO | AMOUNT | \$ | FREQUENCY | TYPE | RECIPIENT |
|-----|----|--------|----|-----------|------|-----------|
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PLEASE INITIAL STATEMENT AND SIGN BELOW:

() I certify that the above information is true and complete to the best of my knowledge under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes.

 Parent Signature Date

School Readiness Program

Parental Rights and Responsibilities/Terms and Conditions For Eligibility and Enrollment

| | |
|-----------|--|
| (INITIAL) | The parent/caregiver/guardian understands that it is my responsibility to report all changes within 10 calendar days of the change. Examples include Address, temporary/non-temporary work or education status, family size, failure to maintain attendance at a job training or education program, and income. Failure to report changes may result in termination of services or submission of the file for suspected fraud. (s 1002.87(4), F.S., Rule 6M-4.400 (3)(b), FAC) |
| (INITIAL) | The parent/caregiver/guardian gives consent for release of information to the Department of Children and Families and/or the Office of Early Learning/local Early Learning Coalition to request all information relating to my eligibility for the receipt of medical benefits and/or payments by the Social Security Administration and to make inquiry into all statements or information given in the application. (s. 1002.91, F.S.) |
| (INITIAL) | The parent/caregiver/guardian understands that he/she will be notified if a child is determined ineligible for financial assistance. I understand the provisions of my School Readiness financial services are subject to the availability of funding, current enrollment priorities and may be subject to termination if the funding is reduced or no longer available. (45 CFR s.98.60; ss. 1002.81(5) and 1002.87(7), F.S.; Rule 6M-4.209(2), F.A.C) |
| (INITIAL) | The parent/caregiver/guardian understands that he/she has the right to request a fair hearing, in writing using the ELCMC grievance procedure, if he/she is found ineligible for service; if a service is terminated, suspended, or reduced; or if he/she is dissatisfied with any service provided by the Early Learning Coalition. If the termination or suspension is due to suspected fraud, the parent/caregiver/guardian understands that he/she has the right to request an Appeal, in writing using the ELCMC appeal procedure. (45 CFR s. 98.32; ss. 1002.81(5) and 1002.87(7), F.S.; Rule 6M-4.209(2), FAC; CCDF State Plan 8.1.6) |
| (INITIAL) | The parent/caregiver/guardian understands that he/she has the right to not be discriminated against for race, national origin, ethnic background, sex, religious affiliation, disability, etc. (45 CFR ss 98.20 and ss. 98.46) |
| (INITIAL) | The parent/caregiver/guardian agrees and understands that if the coalition assess a parent copayment for participation in the SR Program, the parent must satisfactorily fulfill the copayment obligation before being allowed to transfer to another SR Provider. (Rule 6M-4.400(7), F.A.C and s.1002.84(8), F.S.) |
| (INITIAL) | The parent/caregiver/guardian certifies that he/she has been offered a choice of child care settings for the child(ren) through the use of a School Readiness Program Provider (includes informal relative caregiver setting, licensed family home, licensed center/facility, licensed exempt public school, licensed exempt faith based setting, and registered child care home programs). (45 CFR 98.30, DCF Rule 65C-13.030[2][d]) |
| (INITIAL) | The parent/caregiver/guardian has the right to be allowed unlimited access to their child(ren) during normal hours of provider operation and whenever the child is in the care of the provider. (45 CFR ss.98.31, S 1002.85(2)(c),5, F.S.; CCDF State Plan 4.1.4. |
| (INITIAL) | Attestation from the Parent/Caregiver/Guardian stating their legal relationship to the child under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes. (check the box that applies) <input type="checkbox"/> Parent OR <input type="checkbox"/> in loco parentis (acting as the temporary guardian) |
| (INITIAL) | Community resources are available and will be provided to all parents/caregivers/guardian upon request, or indication of family needs to be used as deemed necessary by the family. |
| (INITIAL) | The parent/caregiver/guardian understands that they have the right to confidentiality of child information and the right to inspect, review and request a copy of his or her child's School Readiness (SR) record. Proper identification will be required to ensure confidentiality (s. 1002.97 (2), F.S.) |
| (INITIAL) | I, the parent/caregiver/guardian certify that my family's total assets do not exceed \$1,000,000 |
| (INITIAL) | I, the parent/caregiver/guardian certify that the information given in the application is true and complete to the best of my knowledge. I understand that if I knowingly give wrong information or fail to update any listed information, I am liable for prosecution under state law. The Early Learning Coalition will investigate suspected fraud cases. I also authorize release of information to OEL and DFS in cases of suspected fraud. |

By signing, I acknowledge that I have read and agree to all conditions stated above

| | | |
|-------------------------------------|---------------------|---------------|
| _____ Parent/Caregiver Signature | _____ Print Name | _____ Date |
| _____ ELC CSC Signature | _____ Print Name | _____ Date |

2300 SW 17th Road
Ocala, FL 34471

Phone (352) 369-2315

Fax (352) 369-2475

CHILD SUPPORT STATEMENT

I, _____, **do not** receive any child support for the following child/children.

List each child in the home and the name(s) of the absent parent(s) not residing in the home with the child.

| CHILD | ABSENT PARENT NAME | ABSENT PARENT ADDRESS | ABSENT PARENT PHONE NUMBER |
|-------|--------------------|-----------------------|----------------------------|
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Have you filed for child support with the Department of Revenue? **Yes (or)** **No**

If yes, what is the case status? _____

If no, please explain why not. _____

I certify that the above information is true and complete to the best of my knowledge under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

CSC Signature

Date

Self Certification

Participant Name: _____

Participant Address: _____

Check all that apply:

White____; Black/African American____; Asian____; American Indian/Alaskan Native____; Native Hawaiian/Other Pacific Islander____; American Indian/Alaskan Native & White____; Asian & White____; Black/African American & White____; American Indian/Alaskan Native & Black/African American____; Other Multi-Racial_____

Check all that apply:

Hispanic_____ Non-Hispanic_____Female head of household_____

I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. I also understand that Self-certifications may be subject to further verification and all sources of income and assets must be included when determining income.

| Applicant/Legal Guardian | Date | Applicant/Legal Guardian | Date |
|--------------------------|------|--------------------------|------|
|--------------------------|------|--------------------------|------|

OFFICE USE ONLY:

_____ **Presumed Benefit** (Abused Children, Battered Spouses, 62 years older, Homeless, Illiterate Adult, Migrant Farm Workers, Persons living with Aids,Disabled)

Please make sure that you retain documentation that will prove that presumed benefit category.

_____ **Disabled children** (legal guardian please circle income bracket below)

If participant is not classified as a **Presumed Benefit** then circle the income bracket below that pertains to participants family size.

Circle which applies.

| Family Size | 30% | 50% | 80% | 120%+ |
|-------------|----------------|---------------------|---------------------|-----------|
| 1 Person | \$0 - \$11,770 | \$11,771- \$16,700 | \$16,701 - \$26,750 | \$26,751+ |
| 2 Person | \$0 - \$15,930 | \$15,931- \$19,100 | \$19,101 - \$30,550 | \$30,551+ |
| 3 Person | \$0 - \$20,090 | \$20,091 - \$21,500 | \$21,501 - \$34,350 | \$34,351+ |
| 4 Person | \$0 - \$23,850 | \$0 - \$23,850 | \$23,851 - \$38,150 | \$38,151+ |
| 5 Person | \$0 - \$25,800 | \$0 - \$25,800 | \$25,801 - \$41,250 | \$41,251+ |
| 6 Person | \$0 - \$27,700 | \$0 - \$27,700 | \$27,701 - \$44,300 | \$44,301+ |
| 7 Person | \$0 - \$29,600 | \$0 - \$29,600 | \$29,601 - \$47,350 | \$47,351+ |
| 8 Person | \$0 - \$31,500 | \$0 - \$31,500 | \$31,501 - \$50,400 | \$50,401+ |

last revision done by HUD done 3/6/2015

Staff Initials_____

Family Size_____

Income\$_____

BG_____