



Child Care Connection **Redetermination Checklist**

You must be employed and/or attending school (unless disabled) at least 20 hours a week, reside in Sarasota County, and meet the income requirements to be eligible for this program. For a household with two responsible parents/guardians, you both must be employed and/or in school (unless disabled) a combined 40 hours per week to be eligible for this program. *Exceptions may apply with referral cases.

Please complete, sign and date the following forms.

1. Customer Satisfaction Survey
2. Parent Education Quiz
3. School Readiness Application
4. School Readiness Scholarship Participant Agreement
5. Income Worksheet: SR 100 Form
6. Authorization of Release of Records/Information

***** Foster parents** with an open protective investigation or services case DO NOT need to submit income documentation EXCEPT the SR 100 Income Worksheet from the packet.

***** Relative/Non- Relative Caregivers** with an open protective investigation or services case who are NOT receiving Temporary Cash Assistance/ Relative Caregiver payments DO NOT need to submit income documentation EXCEPT the SR 100 Income Worksheet from the packet. If you are receiving Temporary Cash Assistance/Relative Caregiver payments, please refer to number 9.

Please submit the applicable documentation listed below with your redetermination packet.

1. If you have an open case with a referral agency (DCF, Safe Children's Coalition, homeless agency, etc.), please contact the agency for an updated referral. *****Please note if a new referral is required to determine eligibility, a new certificate will not be issued until both the referral and redetermination packet are processed.**

2. **Proof of Residence:** One document for proof of residence is required for redetermination. Please submit **one** of the documents below. Please note: the document must have your full address (city, state & zip code), and be dated within the last 45 days if applicable.
 - a. Government issued document (e.g. valid Florida driver's license, valid Florida identification card, property tax assessment for current year showing a homestead exemption, or current DFC or Child Support Enforcement documentation).
 - b. Utility bill (e.g. water, gas, electric). Note: Bill must show name and address.
 - c. Land line telephone bill.
 - d. Property Lease agreement for current year. The lease must be executed with both property owner/landlord and tenant signatures.
 - e. Recent Pay stub with parent name and full address.
 - f. Documentation from a homeless shelter, domestic violence shelter, or an authorized emergency management location.
 - g. An affidavit sworn to or affirmed by the child's parent accompanied by a letter from a landlord or property owner which confirms that the child resides at the address in the affidavit (**i.e. A Verification of Residence Form from our office**).

Employment Verification:

3. **Last 4 weeks of paystubs.** Must be most current and consecutive at time of submission and verify hours, net & gross income.

OR

Verification of Income/Employment form. This form must be completed by your employer and document your hours, net & gross income for the last 4 weeks WITH a copy of at least one recent paystub.

Self-Employment/Independent Contractor:

4. *****New requirement if you are self-employed.** You are now required to provide a copy of your current Tax Return Transcript in addition to providing your current Tax Return every year. You can order a free Tax Transcript from the IRS on line at <http://www.irs.gov/Individuals/Order-a-Transcript> or by calling 1-800-908-9946. Please note the transcript will be mailed within 5-10 business days.
5. **If you are self-employed and have gone through a full year tax cycle:** please provide your current tax year return with a self- statement of the number of hours you work per week. If your tax return does not reflect your current income, please provide the above documents, a year to date business ledger documenting your gross income, and a copy of your business license.
6. **If you are self-employed and have not gone through a tax cycle:** please provide a copy of your business license or documentation of your federal tax ID number, year to date business ledgers that document your gross income, and a self-statement of the number of hours you work per week.
7. **If you are an Independent Contractor:** please provide a letter on company letterhead from your employer that includes the following information: *****This statement needs to be signed and dated by your employer.**
- a. Employment start date for employee
 - b. Number of hours employee works per week
 - c. EIN (Employer Identification Number) of the employer
 - d. Gross pay amount for the last 4 weeks
 - e. Must state that the employee is an independent contractor and is responsible for his/her own taxes.

AND

Please provide four (4) weeks of most current and consecutive pay stubs/checks that include the company name OR Verification of Income/Employment form completed by the business owner WITH at least one pay stub/check in the name of the company.

***If you are responsible for the payment of your taxes, you are required to submit a copy of the Form 1099-MISC after you have gone through your first tax cycle.**

School Enrollment Verification:

8. **If you are attending school:** For the current semester, please provide a Student Detailed Schedule, or a letter on school letterhead, verifying the amount of credit or actual hours you are enrolled for, the class start and end dates, and class times and days of the week. Please submit a transcript, current report of grades or GPA. Also, please submit proof of payment for the current semester
- If you are no longer attending school or if you have completed school,** please provide at least one of the following: a copy of your transcript, a completion diploma/certificate, and/or documentation to verify your last day of attendance from the school. All documentation provided should include the name of the school and name of the parent.

Verification of Other Income Received:

9. **Child Support:** If you are currently receiving child support, please review the two options below for providing verification of child support payments. Please note that child support income received is included in the total household income to determine eligibility.
- a. **If you have an open child support order through Child Support Enforcement Services,** please provide documentation of child support payments received in the last 4 weeks, or proof of not receiving child support payments. **Please provide documentation directly from the Clerk of Courts, or the CSE website: https://www.myfloridacounty.com/child_support/index.html .**
- b. If you are regularly receiving child support payments outside of Child Support Enforcement Services from the non-custodial parent, please provide documentation of all child support payments received in the last 4 weeks. **Please submit the Verification of Child Support from Non-Custodial Parent form (found on our website under the redetermination packet). This form must ONLY be completed by the non-custodial parent.**

***Please note: If you start receiving child support payments in the future, or stop receiving child support payments, please report this change within 10 days.**

10. **Verification of Relative Caregiver/ TANF Cash Assistance payment status.** Please submit a printout from the ACCESS Florida Website verifying the payment amount, start and end date of the payments. The print out must show the child's name and name of parent/guardian receiving the payment.
11. **Verification of Social Security benefits.** Please provide a recent award letter, or documentation of your Social Security benefits. Must verify benefit amount and recipients.
12. **If you pay child support or alimony, please provide documentation verifying all payments made in the last 4 weeks.**

Disability:

13. If you are temporarily or permanently disabled and unable to work, please submit a **Verification of Disability** form completed by a licensed physician OR **Social Security** documentation verifying the payment amount and recipient name (must be recently dated).
14. If you are over the age of 65 and are not employed or in school, please submit a **Verification of Disability Due to Age** form completed by a licensed physician. *If you are employed or in school, you must submit employment and/or school documentation.

Marital Status:

15. If you are married but separated, please complete the **Verification of Family Status** form AND provide one document with your spouse's name and current address (must be from the list of Proof of Residence documents from #2).
16. If you are divorced, please submit a copy of your Divorce Decree unless it is already on file with the ELC/Child Care Connection.

Other:

17. If your child attends Children First, please submit the **Verification of Children First Site** form completed by a Children First staff member.

You may submit the redetermination packet by:

Mail or Drop Off

**Child Care Connection
2886-C Ringling BLVD
Sarasota, FL 34237**

Fax: 941-556-1606

***A Drop Box is available
after office hours outside
the Parent Lobby.**

EARLY LEARNING COALITION OF SARASOTA COUNTY
Child Care Connection

2886-C Ringling Blvd., Sarasota, FL 34237

Office (941) 556-1600

Fax (941) 556-1606

CUSTOMER SATISFACTION SURVEY

Dear Parent/Guardian,

Please take the time to complete the *School Readiness Program Customer Satisfaction and Feedback Survey* regarding your experiences with Child Care Connection. Return the completed survey with your Redeterminaiton Packet. We welcome additional comments on the back of the survey.

We appreciate your help in validating our programs and processes and in providing insight into ensuring quality on a continuous basis. We appreciate your taking the time to provide this feedback!

Sincerely,

Linda Mason
Director
Child Care Connection

Redetermination of Eligibility

You are a VERY important person! Will you let us know how we did? At Child Care Connection of Sarasota, we strive to provide the best possible service. Please take a few moments to complete this survey, which will help us improve services to our customers. Thank you for your valuable assistance!

SCHOOL READINESS PROGRAM CUSTOMER SATISFACTION and FEEDBACK SURVEY

How did you hear about the School Readiness Program? <input type="checkbox"/> Phone Book <input type="checkbox"/> Newsletter <input type="checkbox"/> Mailing <input type="checkbox"/> Another agency <input type="checkbox"/> Internet <input type="checkbox"/> Word of mouth	RATINGS						COMMENTS or SUGGESTIONS Please use this space for additional responses. Use a blank paper if necessary.	
	Strongly Agree 5	Highly Satisfied 4	Agree 3	Slightly Agree 2	Completely Dissatisfied 1	N/A		
1 I feel the family eligibility specialist valued my opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2 I feel comfortable that my child is safe and placed in an appropriate childcare setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3 The procedures and policies of the scholarship program were clearly stated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4 The family eligibility specialist answered all of my questions and possessed a thorough knowledge of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5 The office environment was comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6 Staff offered an appointment time convenient with my schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7 Staff answered my phone calls quickly, and returned my messages within 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8 If I had a complaint, it was well handled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9 Overall, I am satisfied with the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10 I have received the yellow <i>Parents as Child's First Teacher</i> card, have been using the tips/ideas, and as a result I have improved my parenting skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If not, why not?	
11 I received a checklist on how to recognize quality in a childcare setting, and the brochure <i>Look for the Stars</i> to use as a guide when I select my childcare provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12 I use some of the tips/ideas from the <i>Quality Checklist</i> and <i>Look for the Stars</i> when selecting a childcare provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If not, why not?	
13 I will use the free early literacy tips and ideas I received, as they will help my child be ready for kindergarten.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If not, why not?	
14 The family eligibility specialist helped me find other community services if I requested this assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15 I received the assistance I requested, and it was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If not, why not?	
16 How likely are you to refer someone to our organization for services? Please circle a number. (Least likely) 1 2 3 4 5 6 7 8 9 10 (Most likely)								
What do you like about the School Readiness Program?								
What changes would you recommend?								
OPTIONAL: <input type="checkbox"/> Yes, I would like an Agency employee to contact me concerning the School Readiness Program or for community resources.								
Name:			Phone Number:			Best time to reach you:		
Family Eligibility Specialist:								

PARENT EDUCATION QUIZ

1) What is the best way to make an informed decision when choosing a child care provider?

- a) Observe the classroom or home setting of the provider
- b) Ask questions
- c) Trust your instinct
- d) All of the above

2) Name two things to consider when choosing a quality child care provider.

3) What do you think MOST impacts **the quality** of child care?

CHECK ONLY ONE.

- The interactions between the teachers and the children
- The number of teachers in the classroom
- The type of things the children do each day (the curriculum)
- The classroom environment, such as materials, supplies, etc.
- Caregivers are licensed to provide child care
- Caregivers have training in child development
- Child care is accredited by a national organization
- Child care is in a clean environment
- Caregivers have good attitude about children

4) What is your biggest concern about child care?

CHECK ONLY ONE.

- Cost
- Quality
- Reliability
- Availability
- Something else: _____

Your Zip code _____

5) a) Are you aware of the Look for the Stars program in Sarasota County? Yes/No

b) If yes, can you describe the program?

c) If you are familiar with the Look for the Stars program, do you think this would be a useful tool when choosing a child care provider? Yes/No

6) Name two things you have done to help your child learn to read.

More questions on back

7) a) There are many free early literacy programs offered in Sarasota County. Please check any that you are familiar with:

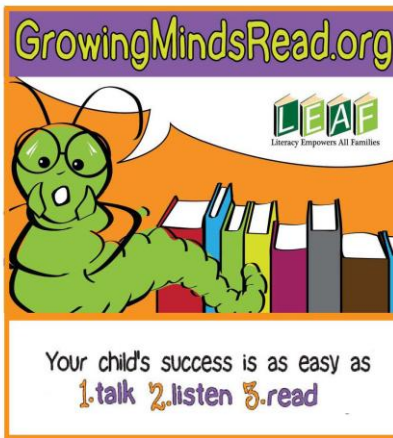
- Born to Read
- Books Provided to my child through the child care site
- Hippy Program
- Sarasota County Library System's Reading Programs

b) Are you using any of these programs? Yes/No

c) If yes, please list the program/programs that you are participating in?

8) Have you heard or seen the message "Talk, Listen, Read" promoting early literacy? Yes/No

9) Have you seen this advertisement for the LEAF program? Yes/No



10) You can help your child be happy and confident by:

- a) Show you care with hugs and attention
- b) Play, laugh, and have fun with your child
- c) Encourage effort and trying hard, but give help when needed.
- d) All of the above

11) Name one thing you can do to help your child be strong and active.

12) At what age is a child able to tell right from wrong?

13) At what age is a child ready to start toilet training?

For ELC Office Use Only	
BG	
ED	
RD	
FS	

EARLY LEARNING COALITION OF SARASOTA COUNTY
Child Care Connection

941-556-1600* 2886-C Ringling Blvd Sarasota, FL 34237* Fax: 941-556-1606

School Readiness Application

Section I: Parent/Guardian Information

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Address: _____ City: _____, FL Zip: _____

Mailing Address (if different): _____ City: _____, FL Zip: _____

Email Address: _____

Phone Number(s): _____

Section II: Please list all children living in your household under the age of 18.

First and Last Name	Birthdate	Relationship to Parent/Guardian	Name of Non-Custodial Parent (if applicable)

*Please list names and information of additional children on the back of this form.

Section III: Please list all other household members (including children 18 and older).

First and Last Name	Birthdate	Relationship to Parent/Guardian	Name of Non-Custodial Parent (if applicable)

Total Household Size: _____

*Please list names and information of additional household members on the back of this form.

I certify that the information given is true and complete. I understand that if it is discovered that I have not been truthful with this information, I may and can be prosecuted for fraud, and I will be required to pay back financial assistance I received from the county or state for the child care for my child(ren). I also give consent to the Early Learning Coalition of Sarasota County/Child Care Connection to use computer matches with other government agencies to verify the above information.

Parent/Guardian Signature: _____ Date: _____

FES Signature: _____ Date: _____



Child Care Connection

School Readiness Scholarship Participant Agreement

Of Rights and Responsibilities, Choice of Sites and Types of Child Care for
All New Intake Placements and Redetermination Packets Submitted.

As a Parent(s)/Guardian(s) receiving School Readiness (SR) Scholarship funding, your signature below will certify that you understand, accept the responsibility and will abide by the program conditions outlined for continued receipt of a SR Child Care Scholarship. Failure to report changes and comply could result in termination of the School Readiness Scholarship. Please call 941-556-1600 to speak with a Family Eligibility Specialist if you have any questions.

The Early Learning Coalition of Sarasota County does not discriminate against parents or children on the basis of race, national origin, ethnic background, sex, religious affiliation or disability.

Report Changes within 10 Calendar Days

You understand that **for the initial 12-month eligibility period determined on or after July 1, 2016**, you have a responsibility to report all changes, identified in rule, **within 10 calendar days** and the consequences of not reporting changes **could result in termination of your School Readiness Scholarship**. The changes of circumstance identified in rule for the initial eligibility period are:

- **Address,**
- **Temporary/Non-temporary work or education status,**
- **Family size,**
- **Failure to maintain attendance at a job training or education program,**
- **Income exceeds 85% of the state median income (SMI).**

***After the initial 12-month eligibility period, you are also required to report any changes in income.**

Right to Appeal

You understand that you have the right to notification of decisions, and the right to appeal any decision, including reductions in or termination of services, or if your parent fees are increased. You may do this by contacting your Family Eligibility Specialist to begin this process.

Limited Funding Notice

School Readiness Scholarships are subject to the availability of funding and enrollment priorities. Available funding varies during the year and at times is not available which may result in the termination of your scholarship. **You will receive a minimum of 14 days notice if your scholarship(s) ends.**

School Readiness Approved Provider and Scholarship Authorization

Your School Readiness scholarship is only valid to use with a School Readiness Provider who has a signed contract with the ELC of Sarasota County. The ELC will not be responsible for charges you acquire from a provider who is not an approved and/or contracted School Readiness provider with our ELC. Your childcare scholarship(s) cannot start until you are determined eligible, your enrollment is processed and the childcare certificate is issued.

Right to Change Providers (Transfers)

In order to change SR childcare providers, a Provider Transfer form must be completed and submitted to your Family Eligibility Specialist **72 hours** prior to the start date at the new provider. The Provider Transfer form is available on our website at www.earlylearningcoalitionsarasota.org. Once your childcare transfer is approved by the ELC, then confirmation of the enrollment will be mailed to you and notification will be sent to the provider. If you move your child without authorization from your Family Eligibility Specialist, you will be responsible for paying the full cost of care. If you are not comfortable with the quality of childcare being provided or concerned for the safety of your child, you should immediately notify your Family Eligibility Specialist.

Responsibility to Sign In and Out

You are responsible to sign your child in and out of care each day they attend. Your signature must be a full signature in ink and include the arrival time and departure time. Parents may be held financially responsible due to nonpayment as a result of missing or inadequate signatures. School age children may be signed into care after school by the provider if this occurs during hours that the parent is working or in school; the parent must sign the child out. It is not otherwise acceptable for providers to sign children in and out of care or for there to be no signature. Anything less than a parent/guardians full signature (first initial and full last name is acceptable) in ink with the time in and out of care are considered non-reimbursable days. This is being strictly enforced.

Responsibility to Pay Co-Payments

You acknowledge that if you are assessed a parent copay (parent fee) by the coalition or contractor for participation in the SR Program, you must satisfactorily fulfill the parent fee obligation before being allowed to transfer to another SR Program provider. Satisfactory fulfillment of the parent fee obligation is defined as immediate payment of the outstanding parent fee obligation or establishment of a repayment plan for the outstanding parent fee obligation. If the provider charges more than the ELC's childcare reimbursement rate, you may have to negotiate or pay the extra money in addition to your parent copayment. It is important that you inquire about any additional provider fees before selecting your childcare provider. You must stay current with your parent copayments. Unpaid copayments may be cause for termination from the childcare scholarship program or may cause delay in processing transfer requests. All parent fees must be paid in full to the current childcare provider before a transfer to a new provider is allowed.

Responsibility to Maintain Attendance

The childcare provider will be paid no more than a total three (3) absence days per child per month. In the event of extraordinary circumstances in which your child is absent more than three (3) days, the parent guardian may submit a statement in writing to the childcare provider requesting the ELC pay for an additional seven (7) days of absences and provide the appropriate documentation such as hospitalization of the child for approval. Ask your provider about their attendance policy. If you remove your child from child care for more than 30 days without initiating approval from your Family Eligibility Specialist, your childcare scholarship may be terminated. If your child is sick, you must call your provider to let them know. If your child is absent five (5) consecutive days with no contact to the childcare provider, the ELC will determine the need for continued care, possibly resulting in termination of services.

Visitation Rights

The ELC strongly encourages you to visit your child while he/she is in care. You may visit anytime unannounced and let the provider know that you want to see where your child will play, eat and sleep. Discuss each of these activities with the provider as well as discipline and toilet learning policies. It is also recommended that you inquire about how this provider will help your preschool age child(ren) become school ready. You understand you have the right to unlimited access to your child during normal hours of provider operation and whenever the child is in the provider's care

Screenings and Assessments

As a recipient of a School Readiness Scholarship, the State of Florida provides for children birth to school age entry who are not yet enrolled in school and who receive scholarship childcare assistance to participate in Ages and Stages Developmental Screening. I consent to this screening with the understanding that the Early Learning Coalition of Sarasota County will refer my child to Early Intervention Program (EIP) or FDLRS/Child Find for further developmental evaluation if the score from the selected developmental screening or other concerns indicate the need for referral. I understand that I will be informed of any recommendations. I give permission for my child's information to the Early Learning Coalition of Sarasota County who will help assist me through this process of further evaluation and inform me of services available to my child. I understand that I have the right to decline and/or opt out of participating with the Ages and Stages Developmental Screening if I choose to by informing my Family Eligibility Specialist and signing the OEL SR 24 form.

Right to Confidentiality

Each parent or guardian has a right to confidentiality of child information and the right to inspect, review and request a copy of his or her child's SR record.

Notice of Social Service Assistance

If you have a social service need, please contact "2-1-1" by phone for social service assistance 24 hours per day.

Parent's Choice of Sites and Type of Child Care

You may choose from all available legally operating childcare arrangements and early learning providers (i.e. child care centers, and family child care homes) approved and/or contracted through the Early Learning Coalition of Sarasota County, who are participating in the School Readiness program. If you are referred for childcare through an "at risk" referral, you must select an Early Learning Coalition approved at risk childcare provider. You are guaranteed the right of "parental choice" in selecting an approved childcare or early learning provider.

Voluntary Prekindergarten Program (VPK): School does not start in kindergarten anymore. VPK is a **FREE** program for all 4-year-old children living in the state of Florida (age exceptions may apply). VPK classrooms are established throughout Sarasota County and are offered by participating childcare providers and public school programs. There are two VPK programs offered within the year, a school year program that is a maximum of 540 hours and a summer program that is 300 hours. Each child may attend only the school year or summer program (exceptions may apply). **Register online at www.earlylearningcoalitionsarasota.org.**

Head Start / Early Head Start: is an alternative care choice that may be available to you if your child is birth to mandatory school age. If you are interested in this program, contact your local Head Start office at 941-953-3877.

Child Care Resource and Referral (CCR&R): All families can receive free help in researching and selecting early education programs that best meet their needs. CCR&R can provide you with assistance in locating Certified School Readiness Child Care Providers. Trained staff can answer your questions about choosing the best early learning program for your family and provide you with resources and recommendations on programs that are customized to your preferences. In addition, you will receive information about child development and developmentally appropriate practices. They can also offer you information about other services and resources available in your community. **Contact CCR&R by calling 941-556-1600** or at www.earlylearningcoalitionsarasota.org to request a list of childcare providers.

Eligibility Information Certification

Please verify that all information you have submitted for scholarship determination is true and complete. Any knowing omissions, falsifications, misrepresentations or failure to report changes in a timely manner may disqualify your child(ren) from participating in childcare scholarship programs and is liable for prosecution under the law. In addition, you may lose the right to receive future benefits and may be responsible for repaying those benefits that you were not entitled to receive. The Florida's Office of Early Learning and the Early Learning Coalition has the right to initiate and/or receive data either through direct contact or an automated data exchange process to establish the validity of household information provided by the applicant/recipient to receive program benefits. This will include but not necessarily be limited to social security benefits, birth dates, immunization status and/or all sources of potential and reported earned and unearned income sources (employment records, unemployment benefits, TANF, child support, etc.).

I acknowledge that I have fully reviewed this document and fully understand its contents and my responsibilities as the Parent/Guardian. I give consent to the Early Learning Coalition of Sarasota County's Child Care Connection and Department of Financial Services' Division of Public Assistance Fraud to request all information relating to my eligibility and to make inquiry into all 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 Division of Public Assistance Fraud for suspected fraud investigation. I give authorization for release of information to Office of Early Learning and the Department of Financial Services (DFS) if I provide false information or there is other reason to suspect fraud.

SIGNATURE of Parent/Guardian

PRINTED Name of Parent/Guardian

Date

We need your help to stop fraud! People committing Public Assistance Fraud are taking resources and services away from the people that need it the most. If you know of anyone committing Public Assistance Fraud, please contact the ELC at 941-556-1600.

Office of Early Learning
INCOME WORKSHEET for Eligibility and Parent Copayments

SECTION I. EARNED INCOME								
Complete the following information about each adult family member in the household who is employed or participating in education:								
Check One: <input type="checkbox"/> Single Parent Household <input type="checkbox"/> Two-Parent Household								
Parent(s) with whom the child resides (include parents by marriage or adoption)								
Name of Person Who Works	Name, Address and Telephone Number of Employer(s)	Source of Earned Income	Gross Earned Income (before taxes)		Weekly Work Schedule			
			Frequency	Amount	Day of Week	From	To	
Parent 1 :			<input type="checkbox"/> Weekly	\$	Monday			
			<input type="checkbox"/> Bi-weekly*	\$	Tuesday			
			<input type="checkbox"/> Semi-monthly*	\$	Wednesday			
			<input type="checkbox"/> Monthly	\$	Thursday			
			<input type="checkbox"/> Annual	\$	Friday			
						Saturday		
						Sunday		
Total Gross Annual Earned Income:				\$	Total Hours Worked Per Week:			
<input type="checkbox"/> Education	Name, Address and Telephone Number of School:		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Other		Total Classroom/ Lab Hours Per Week:			
Parent 2:			<input type="checkbox"/> Weekly	\$	Monday			
			<input type="checkbox"/> Bi-weekly*	\$	Tuesday			
			<input type="checkbox"/> Semi-monthly*	\$	Wednesday			
			<input type="checkbox"/> Monthly	\$	Thursday			
			<input type="checkbox"/> Annual	\$	Friday			
						Saturday		
						Sunday		
Total Gross Annual Earned Income:				\$	Total Hours Worked Per Week:			
<input type="checkbox"/> Education	Name, Address and Telephone Number of School:		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Other		Total Classroom/ Lab Hours Per Week:			
Additional adult family members in the home who are employed (include children over 18 who are not enrolled as full-time students in secondary schools or their equivalent and related adults who are supported by the family)								
Additional Household Member 1:			<input type="checkbox"/> Weekly	\$	Monday			
			<input type="checkbox"/> Bi-weekly*	\$	Tuesday			
			<input type="checkbox"/> Semi-monthly*	\$	Wednesday			
			<input type="checkbox"/> Monthly	\$	Thursday			
			<input type="checkbox"/> Annual	\$	Friday			
						Saturday		
						Sunday		
Total Gross Annual Earned Income:				\$	Total Hours Worked Per Week:			
Additional Household Member 2:			<input type="checkbox"/> Weekly	\$	Monday			
			<input type="checkbox"/> Bi-weekly*	\$	Tuesday			
			<input type="checkbox"/> Semi-monthly*	\$	Wednesday			
			<input type="checkbox"/> Monthly	\$	Thursday			
			<input type="checkbox"/> Annual	\$	Friday			
						Saturday		
						Sunday		
Total Gross Annual Earned Income:				\$	Total Hours Worked Per Week:			

*Biweekly means paid every other week; Semi-monthly means paid twice per month

SECTION II. DEDUCTIONS

If any family member makes any of the following type of payments, check the type of payment made. Enter the case or account number, the amount paid, the name of the family member making the payment, and the date of the last payment. These payment types are to be deducted or excluded from total family income.

Authorized Deductions	Case/Account Number	Monthly Amount	Annual Amount	Name of Family Member Making Payment	Date of Last Payment
Child support payments made pursuant to a court order		\$	\$		
Alimony paid pursuant to a court order		\$	\$		
\$				Total Annual Authorized Deductions	

SECTION III. UNEARNED INCOME

If any family member receives any of the following type of unearned income (or benefits), check the type of benefits received. Enter the case or account number, the amount received, and the name of the family member receiving the payment.

Unearned Income Type	Case/Account Number	Monthly Amount	Annual Amount	Name of Family Member Receiving Payment
Food Stamps benefits and Family Subsistence Supplemental Allowance (FSSA)**		Exempt \$	Exempt \$	
Housing assistance, including Military Housing Assistance		Exempt \$	Exempt \$	
TANF cash assistance		\$	\$	
Dividends/Interest		\$	\$	
Social Security Disability income		\$	\$	
Supplemental Security Income (SSI)		\$	\$	
Veteran's benefits		\$	\$	
Retirement benefits-including Social Security, railroad retirement or other types of pensions not previously identified		\$	\$	
Child Support received (list)		\$	\$	
		\$	\$	
		\$	\$	
Alimony received		\$	\$	
Worker's Compensation benefits		\$	\$	
Unemployment Compensation benefits		\$	\$	
Income/money received from non-family members residing in the household		\$	\$	
Other unearned income (list):		\$	\$	
		\$	\$	
\$				Total Annual Unearned Income

****Do not include in the calculation of Total Annual Unearned Income. For federal reporting purposes only.**

Total Annual Gross Income (Earned Income + Unearned Income – Deductions)	Household Size (Include parent(s), children, and related adults in the home)	Required Family Contribution/Parent Copayment
\$		\$

I hereby certify that the information given in this worksheet is true and complete to the best of my knowledge. I understand that if I knowingly give wrong information, I may be liable for prosecution under state law and that School Readiness services may be terminated. I also understand that if any changes occur to the information on this worksheet, I will notify the coalition of those changes within ten (10) days.

Signature of Parent/Guardian	Date	Signature of Eligibility Determiner	Date
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EARLY LEARNING COALITION OF SARASOTA COUNTY
Child Care Connection

941-556-1600 * 2886C Ringling Blvd * Gold Tree Plaza * Sarasota, FL * 34237
 941-556-1600 x203 * 6919 Outreach Way * North Port, FL * 34287

AUTHORIZATION OF RELEASE OF RECORDS/ INFORMATION

I hereby authorize the following person(s), agency(ies), and Child Care Connection 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 Child Care Connection is mandated by the State of Florida to report any suspected abuse and/or neglect.

I give permission for Child Care Connection to contact the following agencies to release information and to do referrals if necessary, in the best interest of my family.

<input checked="" type="checkbox"/> Early Learning Coalition of Sarasota County	<input checked="" type="checkbox"/> Catholic Charities
<input checked="" type="checkbox"/> Department of Children and Families	<input checked="" type="checkbox"/> Sarasota Community Foundation
<input checked="" type="checkbox"/> Current Employer	<input checked="" type="checkbox"/> SPARCC
<input checked="" type="checkbox"/> Current school or institution	<input checked="" type="checkbox"/> Jewish Family and Children's Services Sarasota/Manatee
<input checked="" type="checkbox"/> Current child care provider(s)	<input checked="" type="checkbox"/> Boys and Girls Club/Great Futures
<input checked="" type="checkbox"/> Child Care Connection of Sarasota	<input checked="" type="checkbox"/> Girl Inc.
<input checked="" type="checkbox"/> DOE (Department of Education)	<input checked="" type="checkbox"/> Unidos
<input checked="" type="checkbox"/> Developmental Screening/Ages Stages	<input checked="" type="checkbox"/> Safe Children Coalition/FPS
<input checked="" type="checkbox"/> Gulf Central Early Steps	<input checked="" type="checkbox"/> Child Support Enforcement
<input checked="" type="checkbox"/> Florida Center for Early Childhood	<input checked="" type="checkbox"/> Salvation Army Center for Hope, Sarasota
<input checked="" type="checkbox"/> FDLRS	<input checked="" type="checkbox"/> North Port Social Service
<input checked="" type="checkbox"/> Sarasota County Health Department	<input checked="" type="checkbox"/> The Work Number
<input checked="" type="checkbox"/> United Way/211	<input checked="" type="checkbox"/> Career Source Suncoast
<input checked="" type="checkbox"/> Family Promise	<input checked="" type="checkbox"/> Housing Authority/Section 8
<input checked="" type="checkbox"/> Harvest House	<input checked="" type="checkbox"/> Social Security/SSI
<input checked="" type="checkbox"/> Sarasota YMCA/School House Link	<input checked="" type="checkbox"/> YMCA Sarasota (Hippy)
<input checked="" type="checkbox"/> Center for Hope	<input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> Sarasota County Schools	<input checked="" type="checkbox"/> Other

Name of Child(ren)

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent/Guardian

Date of Consent

Release expires one year from date of consent or upon termination of services