This packet is for parents who are currently receiving School Readiness Scholarship services. It is intended for redetermination only.
A Message from the Early Learning Coalition of Sarasota County:

Parents, Choose Quality Child Care!

A Checklist for Parents

Do Your Homework. Visit and compare programs.

Think Positive. Look for positive and caring relationships between teachers and children.

Trust Your Instincts. Parents should be welcome in the classroom. You should feel this is the place where your child will grow, learn, and have fun.

Choose Wisely. This is one of the most important decisions you will make for your child!

If you are interested in more information, please visit the following websites:

www.dcf.state.fl.us/programs/childcare/
www.lookforthestars.org
Child Care Connection
Redetermination by Mail Checklist

Please complete, sign and date the following forms. Also include all items that apply to you along with your redetermination packet: You must be employed and or attending school (unless disabled) at least 20 hours a week, reside in Sarasota County and meet income requirements.

Forms you need to read, complete, sign and date and return to Child Care Connection along with documents you need to provide below

1. ☐ Customer Satisfaction Survey
2. ☐ Parent Education Quiz
3. ☐ Eligibility and Enrollment Form
4. ☐ Terms and Conditions
5. ☐ Scholarship Child Care Priority Based on Funding
6. ☐ Important Information About Receiving School Readiness Services
7. ☐ Scholarship Child Care Income Worksheet
8. ☐ Authorization of Release of Records/Information
9. ☐ Receipt of Notice of Privacy Practices
10. ☐ Parent Code of Conduct
11. ☐ Reminder Tips

Documents you need to return along with the above forms

1. ☐ An updated At-Risk referral if you have an open case with protective services through the Safe Children Coalition or DCF (parents, foster parents, relatives or non-relatives). Your child care services will not be redetermined with out a new referral.
2. ☐ If you are currently receiving child support, please review the 2 options below for providing verification of child support payments. Please note that child support income is included in household income in determining eligibility for help in paying for child care.

   1. If you have an existing child support order, you will need to provide documentation of the last 6 weeks of receiving or not receiving child support payments. Payment records for existing child support orders must be obtained directly from the clerk of the courts. Payment records from the Child Support Enforcement website are acceptable as long as it documents the last 6 weeks of child support payments.

   2. If you are regularly receiving child support payments outside of Child Support Enforcement Services from the non-custodial parent, you will need to provide documentation of the child support payments you have received over the last 6 weeks. Acceptable documentation is a statement signed and dated from non-custodial parent indicating what has been paid over the last 6 weeks including dates and amounts, copies of checks, cancelled checks or money orders. (See attached form that non-custodial parent can complete to verify child support payments paid)

Please note in the future you may be required to provide documentation of having an open case with Child Support Enforcement at redetermination unless you are regularly receiving child support payments outside of Child Support Enforcement Services from the non-custodial parent.
3.  □  One form of proof of residence is required at every redetermination or when there is a change to your address. One item below will be accepted as long as it verifies the current address: *(Item must be current and received within the last 45 days)*

4.  

| Government *issued* document (e.g. valid Florida driver’s license, valid Florida identification card, property tax assessment for current year showing a homestead exemption, current DFC or Child Support Enforcement documentation) | Utility bill (e.g. water, gas, electric)  
Note: Bill must show name and address (town, state etc) |
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<td>Pay stub</td>
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<td>Documentation from a homeless shelter, domestic violence shelter, or an authorized emergency management location</td>
<td>Signed and dated rent receipt</td>
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<td>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 shown in the affidavit</td>
<td>Property lease agreement for current year</td>
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If you do not have any of the above documents in your name, please have the attached Verification of Residence form completed and follow directions on the form. Please note, this form only serves as one (1) item.

_VERIFICATION OF INCOME/SCHOOL ATTENDANCE YOU NEED TO RETURN ALONG WITH THE ABOVE FORMS IF THEY APPLY_

5.  □  Six (6) weeks current, a consecutive pay stub that include the number of hours worked **OR** the enclosed income verification form completed and signed by your employer, with at least one (1) current pay stub.

***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](http://www.irs.gov/Individuals/Order-a-Transcript) or by calling 1-800-908-9946. Please note the transcript will be mailed to you within 5-10 business days.

6.  □  **If self employed and gone through a full year tax cycle,** provide your current tax year return with a statement of the number of hours worked per week. If your tax return does not reflect your current income, please provide along with the above documents a year to date business ledger that documents your gross income and dates of payments daily or weekly as well as your business license. *(If you have any questions about your employment/income, please speak with your Family Eligibility Specialist as our procedure/guidelines have changed regarding self employment)*

7.  □  **If self employed and have not gone through a tax cycle,** provide business license or documentation of federal tax ID number, year to date business ledgers that documents your gross income and dates of payments daily or weekly, and a statement of the number of hours worked per week. *(If you have any questions about your employment/income, please speak with your Family Eligibility Specialist as our procedure/guidelines have changed regarding self employment)*
Child Care Connection
Redetermination by Mail Checklist

8. ❑ **If you are an Independent Contractor**, please provide a statement on the business letterhead that includes the following information: This needs to be signed and dated by employer
   - Employment start date
   - Number of hours per week
   - EIN number of the employer
   - Gross pay for the last 6 weeks
   - Employee is responsible for payment of applicable taxes

   **AND**

   Please provide six (6) weeks consecutive pay stubs/checks in the business name OR Income verification form completed by business owner and a least one pay stub/check in the business name. If the independent contractor is responsible for payment of taxes, a copy of the Form 1099-MISC is required after the client has gone through their first tax cycle, to confirm.

8. ❑ If attending school, provide proof of payment documentation, current report of grades or GPA and an updated schedule of credit hours or school hours with your name on the documents.

9. ❑ Verification of any other income you receive (e.g. **last 6 weeks** court ordered child support or not, SSI, **last 6 weeks** alimony, etc.)

10. ❑ Verification of Children First Site/Program Attendance form completed by Children First if you child is attending a Children’s First Site

11. ❑ If disabled, provide updated physician's statement (form attached) along with proof of receiving disability payment.

12. ❑ If you are married but separated, please complete the attached Verification of Family Status form showing separation. In addition, you also need to provide legal verification of residence of your spouse outside the home

13. ❑ If divorced, please provide a copy of your divorce decree (**if not already on file**)
Child Care Connection

Helpful Scholarship Child Care Information

1. **The Assessed Co-Payment Fees**: All parents, foster parents, relatives or non relative are required to pay their assessed co-payment to their child care provider. However you make arrangements with your provider to pay the assessed parent fees will be between you and the provider. If you experience difficulty in paying your parent fee, you may want to speak with your provider to see if a payment arrangement can be made. You can also speak to your Family Eligibility Specialist. Failure to pay the assessed fees will ultimately result in the termination of your child care services.

2. **Other Fees**: The Early Learning Coalition of Sarasota County does not pay for any registration fees, supplies or costs of care over and above our maximum rate or the rate that is being paid to the provider. Your provider can charge you the difference between our rate and what they charge. There may also be a local match percent subtracted from the provider’s reimbursement, unless funds are donated from a local funder. The provider can charge this percentage amount to you.

3. **Eligible Children**: The Early Learning Coalition of Sarasota County’s priority is to focus current resources on birth through five year old preschool children according to the core mission of the School Readiness for the State of Florida. School age children are eligible to receive services when funding is available. You and your child’s provider will receive a letter that will inform you of the last day of service for your child when your child is no longer eligible.

4. **Proof of Residence**: In order to receive scholarship child care services in Sarasota County, **you must be a resident of Sarasota County**. You will be required to provide two (2) different items to verify you currently reside in Sarasota County. **See list of acceptable documents below.** If you move out of Sarasota County, you are no longer eligible for scholarship child care services through the Early Learning Coalition of Sarasota County.

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5. **Marital Status**: If you marry, become divorced or separate from your spouse, you’ll need to report this change to your Family Eligibility Specialist within 10 days of the change. If you marry, you’ll need to provide copy of your marriage license and employment/income verification of your new spouse to determine if you are still eligible for child care services. If you are or become
divorced, you'll need to provide a copy of your divorce decree as verification for the file. If you are
or become separated, you'll need to provide a statement of your marital status (we can provide a
verification of family status form) and also legal residence documentation of the spouse outside the
home.

6. **Reporting Changes:** Please contact your Family Eligibility Specialist **within 10 days** if you
have a change including but not limited to the following: Employment, Educational Activity, Income
(from all sources earned and unearned), Address, Telephone Number, Family Size or Marital Status.
Your Family Eligibility Specialist will schedule an appointment for you to update your paperwork.
Failure to report changes to your Family Eligibility Specialist could be considered fraudulent and may
result in one or all of the following depending on the type of change:
- written warning
- suspension of services
- termination from the program
- not eligible to reapply for services a period of 6 months
- not eligible to reapply for services a period of 1 year
- termination from the program permanently
- criminal charges filed against you for fraud
- repayment of all child care used when you were not eligible or not authorized to use

7. **Overpayment:** Child care services provided to you that were not eligible for due to an
unreported change. You will need to re-pay the monies paid for the child care services back to the
Early Learning Coalition of Sarasota County. To avoid having an overpayment, please report all
changes within 10 days of the change. If you are terminated for an overpayment, you cannot re-
apply for service until the over payment is paid in full.

8. **Employment /School Schedule:** If you are employed, in an approved educational activity or
both at least thirty (30) hours a week, you will be authorized five (5) FT days of child care a week.
**For full-time school schedules,** 12 or more credit hours or 18 or more actual hours equates to
full-time. If you are employed, in an approved education activity, or both less than thirty (30)
hours a week, but at least twenty (20) you will be authorized five (5) PT days of child care a week.
**For part-time school schedules,** at least 8 credit hours or at least12 actual hours equates to
part-time. For two (2) responsible adult/parent households, both must be employed or in an
approved education activity, or both a combined total of at least 40 hours a week. The child care
schedule will be approved full-time or part-time based on the parent with the lesser hours. To be
eligible for full-time both must be employed or in an approved educational activity for at least thirty
(30) hours week.

9. **Schedule of Care:** Full-time child care means at least six (6) hours or greater of care up to
eleven (11) hours of care in a 24-hour period. Part-time child care means less than six (6) hours
hours of care in a 24-hour period. If you are eligible for PT care, your provider has to offer a PT rate to
the public in order for us to approve and reimburse PT services. Your provider will only be
reimbursed for one (1) full-time or one (1) part-time day of service per day per child. **The child
care schedule week is Monday through Sunday.** Any child care used over what you are
authorized is your responsibility to pay the provider what they charge.

10. **Loss of employment/educational activity for non-medical reasons:** During a break in
employment or school, provided employment or school (education activity) is re-established within
30 days from date of break. Child care will continue during this time. New purpose of care
verification must be received within 60 days or services will terminate. Remember to contact your
Family Eligibility Specialist to report this change within 10 days of the loss. **Please note if your
redetermination is within the 60 days, you cannot be redetermined without a purpose of
care, so you may receive less than 60 days in this case.**

11. **Temporary break in employment/educational activity for medical reasons:** For a temporary
break in employment or educational activity for medical reasons including maternity leave,
scholarship child care will continue for up to 60 days from the temporary break if
determined medically necessary per Physician’s (Doctor’s) Statement (Note). If it is not
determined medically necessary, scholarship child care will be suspended for up to 60 days from
the break. Employment must resume within 60 days or services will terminate. Remember to contact
your Family Eligibility Specialist to report this change within 10 days of the temporary break.
12. **During an interruption in employment:** During an interruption in employment with the option to return to the employment and school attendance, including such circumstances as seasonal employment or school system related employment. The child shall not be placed on the waiting list and services will be considered suspended, and **not reimbursed**, until employment resumes. Care may be reestablished upon resumption of employed if funding is available.

13. **Referrals:** If your child care services are authorized with a referral, once the referral ends your child care services will also end. If funding is available and you are determined eligible, child care may continue. If funding is not available, you can apply for the waiting list if you are eligible. Please keep in mind that the Early Learning Coalition of Sarasota County does offer Child Care Resource and Referral Services. We offer individualized listings of child care and early education programs, based on criteria set by the parent seeking child care options. Please contact us at 556-1600 ext. 122.

14. **Attendance/Sign in and Sign out:** To verify your child’s attendance, you must sign with your full signature each day on the sign in and out sheets at your child care provider site. Failure to sign in and out daily will result in a verbal warning the first time and could result in termination of services the next time. Please confirm with your child care provider the sign in and out process so that you are able to successfully meet this requirement.

15. **Absences/Use of Services:** Your child care provider will be paid NO MORE THAN a total of three (3) absences per calendar month per child. You are responsible for paying your parent fees on these days. In the event of an extraordinary circumstances in which case the ELC of Sarasota County shall provide written approval for payment based on the appropriate documentation from the parent for up to an additional 7 days (example: hospitalization of the child or parent). If your child is absent three (3) consecutive days with no contact to provider, the Family Eligibility Specialist will determine the need for continued care, possibly resulting in termination of scholarship child care services. If your child is out of child care services for more than thirty (30) days, services will be terminated.

16. **Rilya Wilson Act Reporting:** Children living in home with their biological parent(s) or out of home with foster parent(s) or relative(s) who have an open protective services case, please inform your provider if child/ren are going to be absent from child care. Your child care provider is required by law under the Rilya Wilson Act (RWA) to notify The Sarasota Family YMCA’s Safe Children Coalition Child each time the child/ren has either an unexcused absence or seven consecutive excused absences. Excused means the caretaker notified the child care provider child will not be attending. For further information, you may request a copy of the Rilya Wilson Act Frequently Asked Questions handout.

17. **Holidays Closure Days:** Your provider can request up to 12 holidays a year to be reimbursed for. You are responsible for paying your parent fees on holidays. The Early Learning Coalition of Sarasota County cannot reimburse an alternate child care provider on a holiday closure day. You will be responsible for full payment to the alternate child care provider if services used.

18. **Non-Holiday Closure Days:** The Early Learning Coalition of Sarasota County can reimburse an alternate child care provider on a non-holiday closure date. Your original child care provider is not reimbursed for these days. You will need to obtain pre-approval from the Early Learning Coalition of Sarasota County prior to using the alternate child care provider in order for the alternate child care provider to be reimbursed. A new certificate will be issued for the days the alternate child care provider will provide services.

19. **Redetermination:** All parents, foster parents, relatives or non relative are required to complete the redetermination to continue services if funding is available. Child care services through the Early Learning Coalition of Sarasota County will end on the last day of your current child care certificate. Without a new certificate, you are responsible for full cost of child care services. Please read notice carefully and follow the instructions on the redetermination notice. Redeterminations notices are sent out the month before your certificate expires. Please note redetermination notices can also be sent out randomly. Failure to complete your redetermination process and or provide necessary documents before your certificate expires will terminate your scholarship child care services. A copy of your redetermination notice is also sent to your child care provider.
20. Income Verification: The Office of Early Learning requires that you provide your last six (6) most recent, consecutive weeks of income for all income being received in your household including your spouse if applicable. Pay stubs need to verify the gross income, net income and number of hours you are employed. An income verification form is available for your employer to complete if needed. If you submit an income verification form, you are required to provide at least one current pay stub with it. Additional pay stubs will be required. Please note: Incomplete employment verification forms will not be accepted. If you are receiving Social Security payment, TANF (cash assistance) or Relative Caregiver payment, etc which are usually set monthly payments, please provide current documentation of receiving or no longer receiving the payment. If you receive child support payments through Child Support Enforcement, please provide documentation that covers the last 6 weeks most recent of payment received or not received. If child support is not received through Child Support Enforcement, you'll need to provide a statement from the paying parent that documents payments you have received for the last 6 weeks most recent.

21. Self employment: If you are self employed, you'll need to provide the current tax year’s tax return along with a self statement of the number of hours you work per week. If you are a new business that has not gone through a tax cycle, you'll need to provide a business license or federal ID number as proof of the business. You'll need to provide business ledgers year to date that includes your gross weekly or monthly or an estimated tax statement from an accountant as proof of the income. You'll also need to provide a self statement of the number of hours you work per week. Updated documentation above is required at redetermination time. You must be making at least minimum wage income to be determined eligible if business has been in operation for more than three months.

22. Paid in Cash: If you are an employee being paid in cash, please note you are not eligible to receive scholarship child care services unless you are self employed.

23. Independent Contractor: Please provide a statement on the business letterhead that includes the following information:
   - Employment start date
   - Number of hours per week
   - EIN number of the employer
   - Gross pay for the last 6 weeks
   - Employee is responsible for payment of applicable taxes

AND

Please provide six (6) weeks consecutive pay stubs/checks in the business name OR Income verification form completed by business owner and a least one pay stub/check in the business name. If the independent contractor is responsible for payment of taxes, a copy of the Form 1099-MISC is required after the client has gone through their first tax cycle, to confirm.

24. Exempt from work due to age or disability: If you are unable to work and need child care due to age (over 65), you'll need to provide a current physician’s statement that documents this. If you are unable to work and need child care due to a disability (under 65), you'll need to provide a current physician’s statement along with documentation receiving disability payment. Updated documentation of the above is required at each redetermination. A Verification of Disability form is available for your physician to complete.

25. Educational Activity: If you are attending school, verification of school attendance will be verified by registration paperwork, proof of payment, and documentation of credit hours or school hours with your name and the schools name on it. At redetermination time, you'll need to provide re-registration paperwork and proof of payment (if applicable), copy of grades or GPA, and updated documentation of credit hours or school hours with your name and the school’s name on it.

26. Payments: If there is an error caused by the Early Learning Coalition of Sarasota County, the parent, or the provider that results in an incorrect payment to the provider, please note that an adjustment has to be made to correct the payment which could sometimes affect you. Always review your paperwork to ensure you or your child’s information is correct. Please let your Family Eligibility Specialist know right away if there is an error.
27. **Care Level Changes:** Please note as your child gets older that the payments we pay to your provider may change/decrease. Speak with your provider to determine if there is a change to your payment. You will not receive a new certificate when your child’s age changes. The care level change does not change your parent fee, only the amount we pay the provider.

28. **Responding to Notices:** Responding to notices from your Family Eligibility Specialist promptly allows you time to make sure you provide everything needed to determine your continued eligibility for services. Responding promptly also helps you to avoid possible termination of your child care services.

29. **Phone Calls:** Please note we receive a high volume of calls each day. Our commitment to you is to respond within 24 hours. When you call, please leave a message or we will not know you’re calling. Please leave a detailed message to avoid playing phone tag.

30. **Walk-In Office Visits:** Please understand that the Early Learning Coalition of Sarasota County serves over 3000 families at any one time and we spend a great part of the day talking with families in person for their appointments or processing required paperwork. Please call in advance for an office visit appointment. **Sorry, we cannot see you without an appointment.**

31. **Appointments:** The appointments you make with your Family Eligibility Specialists are **VERY IMPORTANT!** If you are unable to keep your scheduled appointment, please contact your Family Eligibility Specialist as soon as possible to let them know and to determine if you can reschedule the appointment. Changing the date of an appointment does not change the effective date of any notices. If you are more than fifteen (15) minutes late for your appointment you may have to be rescheduled.

32. **Code of Conduct:** Please make sure you carefully read and comply with the Parent Code of Conduct. It is the Early Learning Coalition of Sarasota County’s (ELC) expectation that the business of the company be conducted according to the highest ethical standards. Staff are required to follow a code of conduct and we expect the parents we serve to do so as well. Failure to comply with the expectations outlined may result in a CCC supervisor approaching the family involved to address the issue of concern, written warning, and or termination of child care services.

33. **Dropping off paperwork:** It’s ok to walk-in to drop off information/paperwork for your Family Eligibility Counselor. Please note that we need time to process the information/paperwork. Please make sure that you sign in at the front desk when you arrive and indicate what you dropped off.

34. **Change in Status Form:** A Change in Status Form (known as the term notice) is sent when the necessary documents/information needed to complete your file are not provided. It’s a reminder that you have ten (10) days to provide the requested documents/information to determine if you remain eligible to continue scholarship child care services. Failure to provide the requested documentation/information by due date will result in termination of your child care services.
Below are descriptions of additional forms you may need to complete along with your redetermination packet:

- **Income/Employment Verification Form** - This form is to be completed by your employer if you do not have your last 6 weeks current and consecutive pay stubs. Along with this form, you must provide at least one current pay stub unless this is new employment.

- **Verification of Residence** - This form is to be completed by the person you reside with property owner or landlord if you do not have bills in your name to verify you and your child’s current address. This form will serve as only one item to verify your residence. You must provide 2 items to verify your residence.

- **Child Support Documentation through Child Support Enforcement** - The attached form gives instruction on how to access your child support case information through the e-services. We are aware there is waiting period to access your information through this process. Documentation maybe required once you have access at your next redetermination. Payment records for existing child support orders may be obtained directly from the clerk of the courts. Payment records from the Child Support Enforcement website are also acceptable as long as it documents the last 6 weeks of child support payments.

- **Child Support Verification for payment received directly from non custodial parent** - This form is to be completed by the non custodial parent if needed to verify Child Supports payment paid directly to you within the last 6 weeks from the non custodial parent

- **Verification of Disability** - This form is to be completed by your physician to verify disability if you are disabled. Along with this form you will need to provide proof of current disability payment received.

- **Verification of Disability due to Age** - This form is to be completed by your physician to verify disability if you are disabled due to age (over 65).

- **Verification of Children First Site** - This form is to be completed by Children First Staff if your child is attending a Children First site.
**Verification of Family Status** - This form is to be completed if you are married but separated. One of the following items is needed as proof of residence of the spouse along with this form.

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DEAR EMPLOYER:

IN ORDER TO DETERMINE THE ELIGIBILITY OF __________________________ FOR CHILD CARE SERVICES,
PLEASE ASSIST US BY ANSWERING THE QUESTIONS BELOW. THIS FORM MUST BE RETURNED TO THE OFFICE
INDICATED BELOW BY ________________

_____________________________

FAMILY ELIGIBILITY SPECIALIST

*** Entire form must be completed by employer. Employee cannot fill out form and then have employer "sign" ***

PLEASE COMPLETE EACH SECTION ON THE FRONT AND BACK OF THIS FORM

SECTION I - GENERAL INFORMATION

1. NAME OF EMPLOYEE ____________________________ SOCIAL SECURITY NO. ____________________________

2. ADDRESS OF EMPLOYEE ____________________________________________________________________________

3. TYPE OF WORK PERFORMED BY EMPLOYEE ___________________________________________________________

4. NUMBER OF HOURS WORKED PER WEEK ________________

5. EMPLOYEE IS PAID $ ___________ ☐ HOURLY

6. HOW OFTEN IS EMPLOYEE PAID  ☐ WEEKLY ☐ BI-WEEKLY ☐ SEMI-MONTHLY ☐ MONTHLY
   ☐ OTHER (SPECIFY) ___________________________________________________________

7. EMPLOYEE IS PAID BY ☐ PAYROLL CHECK ☐ PERSONAL CHECK ☐ BUSINESS CHECK ☐ CASH ☐ DIRECT DEPOSIT

8. FIRST PAYCHECK ISSUED ON (DATE) _________________________________________________________________

9. DATE CURRENT EMPLOYMENT BEGAN __________ DATE EMPLOYMENT TERMINATED (if applicable) __________

10. DOES/ DID EMPLOYEE RECEIVE TIPS? _____ YES _____ NO IF YES, SHOW IN SECTION II ON REVERSE

11. IS/ WAS EMPLOYEE SEASONAL? _____ YES _____ NO IF YES, SEASON BEGINS __________ ENDS __________
### SECTION II - RECORD OF PAY RECEIVED

1. LIST THE GROSS AMOUNT AND DATES OF THE CHECKS THAT WERE PAID IN THE LAST 6 CONSECUTIVE WEEKS IN THE SPACES BELOW. **(EMPLOYEE MUST SUBMIT AT LEAST ONE CURRENT PAY STUB WITH FORM, UNLESS THIS IS A NEW JOB AND A PAY STUB IS NOT AVAILABLE YET)**

*(Please be sure to include complete dates. For example: 1/1 should be written as 1/1/14.)*

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<tr>
<th>PAY PERIOD ENDS</th>
<th>DATE PAY RECEIVED</th>
<th>GROSS EARNINGS</th>
<th>HOURS WORKED</th>
<th>TIPS</th>
<th>EARNED INCOME CREDIT</th>
<th>NET PAY</th>
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2. IF ANY HOURS OR RATE OF PAY HAVE/HAS VARIED IN THE ABOVE PERIOD, PLEASE STATE WHY:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

### SECTION III - EMPLOYER INFORMATION

THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE. FALSE INFORMATION MAY BE SUBJECT TO PROSECUTION FOR FRAUD.

__________________________________________________________________________

**FEDERAL TAX ID NUMBER (REQUIRED)**

__________________________________________________________________________

**SIGNATURE OF EMPLOYER**

**EMPLOYER’S TITLE**

__________________________________________________________________________

**NAME OF BUSINESS**

**TELEPHONE NUMBER**

__________________________________________________________________________

**ADDRESS**

**DATE COMPLETED**
VERIFICATION OF FAMILY STATUS

I, ___________________________ verify that I am: □ divorced or □ married but separated from the mother/father of my child(ren) or husband/wife and he/she does not reside at my address.

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. I may and will be required to pay back financial assistance I received from the county or state for the child care for my child(ren).

I understand that it is against the law to receive child care for my child(ren) by giving false information.

I understand that I must notify Child Care Connection in person of any changes in my family status or risk losing my child care.

Describe circumstances:

______________________________
Signature of Parent/Guardian

______________________________
Date

______________________________
Print Name of Parent/Guardian

☐ I have reviewed this document with the above named parent.

☐ Signed upon receipt of this document from the above named parent.

______________________________
Signature of Child Care Connection Staff

______________________________
Date
Child Care Connection

VERIFICATION OF RESIDENCE

This is a letter to verify that _______________________________ resides at
(Child/ren)
________________________________________________________
(address, city state and zip code)

________________________________ does not have any utilities or lease in his/her name at said address.
(Parent/Guardian)

I certify that the information above is true and complete. I understand that if it is discovered that I have not
been truthful with this information, I may be prosecuted for fraud. I may be required to pay back financial
assistance I received from the county or state for the child care for my child(ren).

________________________________                     _______
Signature of Parent/Guardian                      Date

I understand that it is against the law to give false information that will enable a person to receive services they
are not eligible to receive. 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 be prosecuted for fraud. I may be required
to pay back financial assistance I enabled the above Parent/Guardian to receive from the county or state for their
child(ren).

________________________________                     _______
Signature of Landlord/Property Owner                Date

Print name of Landlord/property Owner
CALL 1-800-622-KIDS (1-800-622-5437) or access online at http://dor.myflorida.com/dor/childsupport/ to request services from the Child Support Program.

The Child Support Program Office has provided an easy way for you to obtain documentation of your participation with their program and of payment received. An online e-service portal is available to you to obtain this documentation. You can then provide screen prints to The Early Learning Coalition of Sarasota to document your child support status for your School Readiness application or redetermination of services.

The link to the Florida Department of Revenue Child Support e-services web portal is https://childsupport.state.fl.us/public/Introduction.aspx and the Welcome Page provides the following information:

You can sign up for Child Support e-Services if:

- You are the parent or caregiver of a child
  
  AND
  
- You get child support services directly from one of the following:
  
  o The Florida Department of Revenue
  
  o The Miami-Dade State Attorney’s Office
  
  o The Manatee County Clerk of Court

Parents ordered to provide support cannot sign up for Child Support e-Services at this time.

How to sign up for Child Support e-Services:

- Click on the “Sign Up” button to get started
- Enter your information
- Create a user ID. The user ID you create will be required every time you sign in to use e-Services. Keep it secure. We will not know what user ID you create and cannot give it to you if you forget it.

If your sign up is successful, we will send you a letter with your temporary password

With Child Support e-Services you can:

- Access your information anytime
- Update your address, phone number and other personal information
- See actions taken on your case
- See a summary of your support order if you have one

Once you sign up, you will receive your temporary password in the mail in 3-5 days and you will be able to log in for your information at that time. Please note that the local Child Support Service office is unable to provide documentation of your status. Instead, they have provided this easy to use online service for you.
Verification of Child Support from Non-Custodial Parent
(Entire form must be completed by Non-Custodial parent)

I ___________________________________________ reside at
(Non-Custodial Parent)

______________________________________________
(Address, City, State, Zip)

This letter is to verify that I pay child support payments to ________________________ for
(Client/Custodial Parent)

my child/ren _____________________________________________ in

the form of  □ Cash    □ Money Order  □ Check

every  □ Week    □ Two weeks  □ Month

□ Other (please explain) ________________________________

Below are the last 6 weeks of payments I have paid:

Tip:
If paid weekly, list last 6 payments
If paid bi weekly, list last 3 payments
If paid monthly, list last 2 payments

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>5.</td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

I understand that it is against the law to give false information that will enable a person to receive
services they are not eligible to receive. 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 that I may
be prosecuted for fraud. I may be required to pay back financial assistance I enable the above
child/ren and or custodial parent to receive from the county or state.

_________________________________________  Date____________
Signature of Non-Custodial Parent

_________________________________________
Phone
Child Care Connection

Child Support Enforcement Case Verification

Parent’s Name: __________________________ Social Security Number _____ - ____ - _____

☐ I have an open case with Child Support Enforcement in Sarasota County and I am currently not receiving child support for the following children:

☐ I have applied to open a case with Child Support Enforcement in Sarasota County on (date applied) and I am currently not receiving child support for the below children:

<table>
<thead>
<tr>
<th>Child’s Full Name</th>
<th>DOB</th>
<th>Other Parent’s Name</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

☐ I understand that I have received instructions to access my status and payment information through the Child Support Program e-service portal. I will request this access and provide printed documentation of my Child Support status and payment to the Early Learning Coalition of Sarasota County.

By signing below, 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. I may and will be required to pay back financial assistance I received from the county or state for the child care for my child(ren).

___________________________________________________________
Signature of Parent

___________________________________________________________
Date
Child Care Connection

Child Support Enforcement Case Verification

Parent’s Name: ____________________________________________________________

Social Security Number ________ - ____ - ________

☐ I do not have an open case with Child Support Enforcement in Sarasota County and I am currently not receiving child support for the following children for the following reason:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Child's Full Name | DOB | Other Parent’s Name

| __________________________ | ______ | __________________________ |
| __________________________ | ______ | __________________________ |
| __________________________ | ______ | __________________________ |
| __________________________ | ______ | __________________________ |
| __________________________ | ______ | __________________________ |

By signing below, 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. I may and will be required to pay back financial assistance I received from the county or state for the child care for my child(ren).

___________________________________________________________
Signature of Parent

Date
CUSTOMER SATISFACTION SURVEY

Dear Parent/Guardian,

Please take the time to complete the Scholarship Child Care Satisfaction Survey regarding your experiences with Child Care Connection during your appointment. Return the completed survey to the Family Eligibility Specialist. 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
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.

### EARLY CARE SCHOLARSHIP PROGRAM CUSTOMER SATISFACTION and FEEDBACK SURVEY

<table>
<thead>
<tr>
<th>How did you hear about the Early Care Scholarship Program?</th>
<th>RATINGs</th>
<th>COMMENTS or SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Phone Book</td>
<td>☐ Completely Satisfied (5)</td>
<td>☐ Please use this space for additional responses. Use a blank paper if necessary.</td>
</tr>
<tr>
<td>☐ Newsletter</td>
<td>☐ Very Satisfied (4)</td>
<td></td>
</tr>
<tr>
<td>☐ Mailing</td>
<td>☐ Satisfied (3)</td>
<td></td>
</tr>
<tr>
<td>☐ Another agency</td>
<td>☐ Not Very Satisfied (2)</td>
<td></td>
</tr>
<tr>
<td>☐ Internet</td>
<td>☐ Completely Dissatisfied (1)</td>
<td></td>
</tr>
<tr>
<td>☐ Word of mouth</td>
<td>☐ N/A</td>
<td></td>
</tr>
</tbody>
</table>

1. I feel that the family eligibility specialist valued my opinions.

2. I feel comfortable that my child is safe and placed in an appropriate child care setting.

3. The procedures and policies of the scholarship program were clearly stated.

4. The family eligibility specialist answered all of my questions and possessed a thorough knowledge of the program.

5. The office environment was comfortable.

6. I was offered an appointment time convenient with my schedule.

7. My phone calls were answered quickly and my messages were returned within 24 hours.

8. If I had a complaint, it was handled well.

9. Overall, I am satisfied with the services I received.

10. I have received the yellow "Parents as Child’s First Teacher" card, have been using the tips/ideas and as a result, I’ve improved my parenting skills.

11. I received a checklist on how to recognize quality in a child care setting and the brochure Look for the Stars to use as a guide when I select my child care provider.

12. I use some of the tips/ideas from the Quality Checklist and Look for the Stars when selecting a child care provider.

13. I will use the free early literacy tips and ideas I received as they will help my child be ready for kindergarten.

14. The family eligibility specialist helped me find other community services if I requested this assistance.

15. I received the assistance that I requested and it was helpful.

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 “Early Care Scholarship Program”?

What changes would you recommend?

### OPTIONAL: ☐ Yes, I would like an Agency employee to contact me concerning the "Early Care Scholarship Program" or for community resources.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Best time to reach you</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Your Family Eligibility Specialist:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

______________________________________________________________________________
______________________________________________________________________________
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?
Eligibility and Enrollment Form for School Readiness Services for Redetermination

For ELC Office Use Only

<table>
<thead>
<tr>
<th>Billing group:</th>
<th>Eligibility Date:</th>
<th>Next redetermination date:</th>
<th>Family Size:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>List of ALL household members</th>
<th>Legal Name</th>
<th>Relationship to Child</th>
<th>Date of Birth</th>
<th>Marital Status of the adults</th>
<th>Name of non custodial parent for each child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian#1</td>
<td></td>
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<tr>
<td>Parent/Guardian#2</td>
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<td>Name</td>
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<td>Name</td>
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<tr>
<td>Total Family Size</td>
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</tbody>
</table>

Residence

Parent/Guardian’s Address: | Mailing address if different:

City: | City:
State: | State:
Zip Code: | Zip Code:
Phone Number: | Phone Number:

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.

Email Address (if applicable)__________________________________________________________

Do you have text messaging capability ☐Yes ☐No Would you like to receive text messages from the Early Learning Coalition/Child Care connection? ☐Yes ☐No If yes, please give us your phone number to receive text messages __________________________.

Parent/Guardian’s Signature_________________________________________________________ Date________________

FES Signature______________________________________________________________ Date________________
Your choice of child care: You may choose from all available legally operating child care arrangements and early learning providers approved through the Early Learning Coalition of Sarasota County, who are participating in the School Readiness program. If your child care is based on a protective services referral, you must use a Coalition approved at risk provider. You are guaranteed the right of “parental choice” in selecting an approved childcare or early learning provider.

Your access to children in care: Your child care provider must allow you to visit your child(ren) at any time while they are in care.

You may lose your child care if you:
1. Fail to comply with your Workforce Development requirements, or
2. Do not provide documents or information required by your Family Eligibility Counselor, or
3. Fail to pay your “parent fee” to the child care provider, or
4. Inappropriate conduct by you or your child at a child care facility or at the community child care coordinating agency, or
5. Knowingly providing false information during the application or redetermination process, or
6. Fail to notify your Family Eligibility Counselor within 10 calendar days of any of the following changes in your participation with Workforce Development: employment, including change in income; family composition; change of address or phone number.

Parent/Guardian Statement
I have read and understand the above information. I certify that the information given in my application 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 child care services will be terminated.

As part of the school readiness statute, the State of Florida requires that all children birth to schoolage entry who are not yet enrolled in school and receives scholarship child care assistance to participate in 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/CHILDFIND 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 give consent to 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.

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 understand that I have the right to dispute if I am denied benefits, have a reduction in my benefits, or my parent fees are increased. I may do this by contacting my Family Eligibility Specialist to begin the process.
Scholarship Child Care Priority Based on Funding

I, ____________________________ ____________________________
(First Name) (Last Name)

- Understand that Scholarship Child Care Services will depend on existing funding or how much money the School Readiness program has available to spend.

- Understand that the Early Learning Coalition of Sarasota County determines Scholarship Child Care service priorities with the funding that is available at any one time.

- Understand that the Scholarship Child Care Services my family receives, if eligible, may at any time be reduced or stopped due to service prioritization and lack of funding. In the event that my services are reduced or stopped due to limited program funding, I would receive a 14-day advance notice of the change.

__________________________________________ ______________
Signature of Parent/Guardian Date
Important Information for Parents and Guardians

Right to free translator:
If you do not understand, ask for a translator. We will give you one free.

What are school readiness services?
School readiness services help children from low income families do better in school. The program helps children at childcare centers, church, school, or home. The program provides help all year. Services help parents go to work. Parents help pay for services at reduced rates. The rates are reduced on a sliding scale based on income.

Who may be able to get services?
- Children in families with income less than 150 percent of the poverty level. That is about $34,575 a year for a family of four.
- Children of parents in the welfare transition program.
- Children of migrant workers.
- Children of teen parents.
- Children with disabilities.
- Children under 4 in home visitor programs.
- Children cared for by relatives who get state payments.
- Children under 13 who are in the Department of Children and Families Family Safety Program.

Services may depend on how much money the program has. Services may require confirmation of application information. Families get priority if they are getting temporary cash help and meeting federal work rules.

How do children get services?
Parents or guardians fill out an application. The application is confidential. The state must keep the information private. The program may only release records to government agencies, school readiness program providers, and the Partnership for School Readiness. These groups must protect the records. They can only use the information to provide services.

What information must parents provide?
- The application requests a Social Security Number. The application does not require it. If you do not give one, you will be given another identification number. The numbers are used to study the program and keep records.
- The application asks for race and sex. This information is not used to decide if your child can get services. It is only used for record keeping.
- Immigrants must show that their child is a U.S. citizen or legal immigrant. The parents do not have to show their own status.
- Some services are based on need. You may be asked questions about your job and income.

What happens if parents are turned down?
A counselor can help parents find other kinds of affordable education or childcare.

Your Rights

Discrimination:
Discrimination is illegal. You may not be turned down because of race or color. You may not be turned down because of nationality. You may not be turned down because of age, sex or disability. You may not be turned down because of religion or politics.
If you think you have suffered discrimination, you may contact the state or federal government. The contact persons are:

U.S. Department of Health and Human Services
Office for Civil Rights
Atlanta Federal Center, Suite 3B70
Updated 3.12.14
What happens if you are turned down?
You may ask the local school readiness coalition for a hearing. You must ask for a hearing within 90 days of the decision. You may ask in writing or verbally. If you still dispute the decision after the hearing, you can contact the Office of Early Learning at 600 South Calhoun Street, Suite 251, P.O. Box 7416, Tallahassee, Florida 32314-7416. The Office of Early Learning has a toll-free phone number, 1-866-357-3239. You may also contact them through their website at www.schoolreadiness.org. Local coalitions also have the address and phone number of the state Partnership.

Right to visit children:
Parents or guardians can visit their children while they are in care. This right is protected by federal law.

Right to get a copy of records:
Parents or guardians, or people acting as parents in the absence of a parent or guardian, can look at their child’s records. They have a right to the confidentiality of their child’s record and have a right to inspect, review, and request a copy of his or her child’s record.

Responsibilities

What responsibilities do parents and guardians have?
Parents and guardians must report changes in the information on their application. They must report changes within 10 days. They must report changes in address. They must report changes in income or expenses. They must report changes in family size or marital status.

Parents and guardians must make the required co-payments. They may have to pay for registration. They may have to pay for snacks and materials charged by the provider.

Penalties

Can parents or guardians lose services?
Yes. Parents could lose services if:
- They stop working or going to school.
- They go more than 30 days without working or going to school.
- They don’t provide required information.
- They don’t make co-payments.
- They, or their child, cause trouble while in the program.
- They give false information.
- They don’t report changes in the information on their application.

What happens if parents or guardians break the rules?
If parents knowingly give wrong or misleading information or don’t report changes in status:
- They may be prosecuted.
- They may have to repay benefits.
- They may have benefits reduced.
- They may be disqualified.

Signature of Parent or Guardian

Signature of Eligibility Determiner or Parent Services Counselor

Date

Date

Updated 3.12.14
Scholarship Child Care Income Worksheet for Redetermination

Are you employed? Yes □ No □

Parent/Guardian #1 Employer’s Name:
Employer’s address:
Employer’s phone number:
How often are you paid:
□ weekly  □ bi-weekly  □ twice a month  □ monthly

Parent/Guardian #2 Employer’s Name:
Employer’s Address:
Employer’s Phone number:
How often are you paid:
□ weekly  □ bi-weekly  □ twice a month  □ monthly

Do you receive any other sources of income?

<table>
<thead>
<tr>
<th>Please indicate yes or no as to the income you receive.</th>
<th>Type of Unearned Income</th>
<th>Amount Received</th>
<th>How often the income is received (e.g. weekly, monthly, etc.)</th>
<th>Name of family member receiving the income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ No □ TANF (cash assistance from DCF or Relative Caregiver payment)</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes □ No □ Food Stamps</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes □ No □ Housing assistance (indicate the amount issued to the landlord from HUD/Sec 8, etc)</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes □ No □ Dividends/Interest</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes □ No □ Unemployment/Worker’s Comp.</td>
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<tr>
<td>Yes □ No □ Social Security</td>
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<tr>
<td>Yes □ No □ SSI</td>
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</tr>
<tr>
<td>Yes □ No □ Veteran’s Benefits</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Yes □ No □ Retirement Benefits</td>
<td>$</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Yes □ No □ Child Support (Court ordered or non court ordered)</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes □ No □ Alimony</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes □ No □ Other Income(specify)</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Scholarship Child Care Income Worksheet for Redetermination**

<table>
<thead>
<tr>
<th>Are you attending school?</th>
<th>Yes ☐</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent #1 Name of school attending?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many hours or credit hours do you attend?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent #2 Name of school attending?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many hours or credit hours do you attend?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent/Guardian’s signature _________________________________ Date __________
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.

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

I have received information regarding Privacy Practices from Child Care Connection.

__________________________________________  ______________
Member/Client Signature                                  Date

__________________________________________
Member/Client Name (Printed)
Child Care Connection

PARENT CODE OF CONDUCT

It is the Early Learning Coalition’s (ELC) expectation that the business of the company be conducted according to the highest ethical standards. In support of this expectation, a set of standards for conduct are essential for ELC’s Child Care Connection to prosper and receive the desired trust and respect of children, youth and families, employees, the Board of Directors, suppliers, and the community. The underlying principles of these standards are based on respect, courtesy, moral standards, and the law. These principles ensure the continued success of the services and programs provided by ELC’s Child Care Connection. Staff are required to follow a code of conduct and we expect the parents we serve to do so as well.

The Parent Code of Conduct will include, but not be limited to, the following items:

- Parents will treat ELC/CCC staff members with respect, and follow agency procedures regarding disagreements and concerns by asking to speak to a supervisor. It is never appropriate for a parent to threaten a staff member in any way.
- Parents will address misbehaviors of their own children in the Child Care Connection office in a positive way. No physical or harsh verbal punishment of children is allowed at CCC. This includes, but is not limited to, striking your child in any way, cursing at your child, or threatening your child. If your child is disruptive to other parents conducting business at CCC, you should reschedule your appointment.
- When in the presence of children in the CCC lobby, parents will use language appropriate for young children to hear. Cursing/swearing is not allowed.
- Smoking is not permitted in the CCC offices or the outside landing or stairs. At Gold Tree Plaza where CCC is located, the designated smoking area is at the west end of the parking lot.
- To support a safe, happy environment for our children, parents will address problems with other parents and staff in a quiet, private manner in a designated interview area, not in the parent lobby.
- Parents must keep their children with them at all times at the CCC lobby office. When a parent moves from the lobby to an interview room, your child is welcome to bring toys and books to the interview room. Children must not be left unattended in the CCC lobby. Parents who leave the office temporarily must take children with them.
- A changing table is available for you, please use it as needed and take the used diapers with you in the provided bags.
- Parents will clean up after themselves and their child and not bring drinks or food into the office.

Failure to comply with the expectations outlined may result in a CCC supervisor approaching the family involved to address the issue of concern. It is not our wish to exclude or terminate the enrollment of any child or family. If the situation arises, however, that places staff, children, or other customers at risk; the Early Learning Coalition reserves the right to ask a parent to leave our offices and to re-evaluate the enrollment status of a family.

_____________________________  ______________________
Signature of Parent                Date

_____________________________  ______________________
Signature of Staff                 Date
Child Care Connection

Reminder Tips regarding changes—Please read carefully, sign and date

1. **Reporting Changes:**

Please contact your Family Eligibility Specialist **within 10 days** if you have any changes.

Failure to report changes to your Family Eligibility Specialist could be considered fraudulent and may result in one or all of the following depending on the type of change:

- written warning
- suspension of services
- termination from the program
- not eligible to reapply for services a period of 6 months or 1 year
- termination from the program permanently
- criminal charges filed against you for fraud
- repayment of all child care used when you were not eligible or not authorized to use

**Changes are including but not limited to the following:**

- **Employment**—loss of a job/working additional jobs)
- **Income from all sources earned and unearned**—pay raise, increase or decrease in work hours, increase or decrease in child support
- **Educational Activity**—increase or decrease in hours/credit hours
- **Family Size**—new baby, significant other entering or leaving home
- **Marital Status**—marriage, divorce, or separation
- **Address**
- **Telephone Number**

2. **Overpayments:**

If you fail to report changes, it could result in an overpayment. Overpayment means you received child care services you were not eligible for due to an unreported change. You will need to re-pay the monies paid for the child care services back to the Early Learning Coalition of Sarasota County. To avoid having an overpayment, please report all changes **within 10 days** of the change. If you are terminated for an overpayment, you cannot re-apply for services until the overpayment is paid in full.

3. **My signature on the forms means:**

I have read, understand, and agree to what is stated on the forms. I understand that once I sign this form (and all other forms) that it is a legal document and is admissible in a court of law.

____________________________________________________________
Signature of Parent/Guardian

Date