Application for Polk County School Readiness

All forms must be completed and signed with blue or black ink.

Support Documentation Check List

_____ Income Verification (Must submit pay stubs for all working adults).

Current Pay Stubs

If paid weekly = 4 current and consecutive pay stubs
If paid bi-weekly = 2 current and consecutive pay stubs
If paid monthly = 1 current and consecutive pay stubs
If paid semi-monthly = 2 current and consecutive pay stubs

New applications only:

If working less than 30 days, a signed statement from your employer may be used for income verification. It must be on company letterhead and must contain hours worked, pay rate, contact name and phone number. Staff will verify the information with the employer.

_____Verification of adult school enrollment / schedule

_____Verification of Other Income (TANF/Cash Assistance, SSI, SSA, SSD)

_____ Verification of Supplemental Nutrition Program SNAP (Food Stamps) print out.

_____Copy of Current Driver's License or Picture I.D. (*for all adults in household)*

_____Proof of Legal Guardianship (*if applicable*)

_____Copy of Verification of Birth (*for all children*)

_____Copy of Divorce Papers AND Child Support or Notarized Letter of Separation (*if applicable*)

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Application Forms Check List

_____Application for School Readiness Services

_____Income Worksheet

_____Child Support Form

_____Parent Acceptance Form

_____Terms and Conditions for School Readiness Services

_____Referral (TANF Recipient, TCC, Protective Services, etc.) *if applicable*

_____Number of Hours of Child Care Form

Polk County
School Readiness Application

FAMILY DEMOGRAPHICS—ALL INFORMATION MUST BE COMPLETED

If living in home: **Name** (first and last)	**Social Security #**	**Sex M/F**	**Date of Birth**	**Ethnic Circle one**	**Race Circle all that apply**
1. Parent/Stepparent Name (living in home)				**Hispanic** **NonHispanic**	**White Black Asian Hawaiian American Indian**
2. Parent/Stepparent Name (living in home)				**Hispanic** **NonHispanic**	**White Black Asian Hawaiian American Indian**
1.Guardian/Other Adult Name (living in home)				**Hispanic** **NonHispanic**	**White Black Asian Hawaiian American Indian**
2.Guardian/Other Adult Name (living in home)				**Hispanic** **NonHispanic**	**White Black Asian Hawaiian American Indian**

Home Address: _____Apt#_____City_____ State_____ Zip Code_____

Mailing Address: _____City_____ State_____ Zip Code_____

Home Phone: (_____)_____ Work Phone: (_____)_____ Other Phone: (_____)_____

Email:_____

Language Spoken at Home by Parent: _____ **Language Spoken by Child:_____**

Child's Most Recent Child Care Setting: _____ Are you currently receiving any assistance with child care?_____

If yes, Explain:_____

_____

LIST ALL CHILDREN IN THE HOUSEHOLD—ALL INFORMATION MUST BE COMPLETED

Child(ren) Legal Name (first and last name)	**Social Security #**	**S e x M / F**	**Date of Birth**	**City & State of Birth**	**Relationship to Adult**	**Medicaid Y / N**	**Ethnic Circle one**	**Race Circle all that apply**
							Hispanic **NonHispanic**	**White Black Asian Hawaiian American Indian**
							Hispanic **NonHispanic**	**White Black Asian Hawaiian American Indian**
							Hispanic **NonHispanic**	**White Black Asian Hawaiian American Indian**
							Hispanic **NonHispanic**	**White Black Asian Hawaiian American Indian**
							Hispanic **NonHispanic**	**White Black Asian Hawaiian American Indian**
							Hispanic **NonHispanic**	**White Black Asian Hawaiian American Indian**

HOUSEHOLD INFORMATION – ALL INFORMATION MUST BE COMPLETED

Current number of people living in your household _____ Number of children by age group: 0-2 ____ 3-4 _____ 5-12 _____ 13-19 _____

Parent Status (in household) ____One ____Two ____Non-Parent ____Foster ____Other Welfare Transition (TANF) Program ___Yes ___No

Parent's Marital Status: _____ Married _____ Single (never married) _____Separated ____ Divorced ____ Widowed

(Please check the following box if applicable)
☐ I certify that my household does not have assets exceeding $1 million.

I certify that all the above information is true and correct. I understand that the information on this form is being used to determine eligibility for a School Readiness Program funded by Federal/State dollars. It may be shared with Head Start, Polk County School District Programs, Florida Department of Children and Families, Welfare Transition (TANF), and Early Learning Coalition of Polk County and their contracted provider. I understand that School Readiness Program Services are subject to the availability of funding and placement priorities.

_____ _____
Signature of Parent / Guardian Date

_____ _____
Signature of Parent Counselor Date

SUPPLEMENTAL INFORMATION (Optional)

Do you need before and/or after school care?	Yes	No
Are you a migrant or seasonal worker?	Yes	No
Does any member of the household have a special need or disability?	Yes	No

If Yes, who? _____

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: ☐ **Single Parent Household** ☐ **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 :			☐ Weekly	$	Monday		
			☐ Bi-weekly*	$	Tuesday		
			☐ Semi-monthly*	$	Wednesday		
			☐ Monthly	$	Thursday		
			☐ Annual	$	Friday		
					Saturday		
					Sunday		
		Total Gross Annual Earned Income:		$	**Total Hours Worked Per Week:**		
☐ **Education**	**Name, Address and Telephone Number of School:**			☐ Semester ☐ Quarter ☐ Other	**Total Classroom/ Lab Hours Per Week:**		
Parent 2:			☐ Weekly	$	Monday		
			☐ Bi-weekly*	$	Tuesday		
			☐ Semi-monthly*	$	Wednesday		
			☐ Monthly	$	Thursday		
			☐ Annual	$	Friday		
					Saturday		
					Sunday		
		Total Gross Annual Earned Income:		$	**Total Hours Worked Per Week:**		
☐ **Education**	**Name, Address and Telephone Number of School:**			☐ Semester ☐ Quarter ☐ 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:			☐ Weekly	$	Monday		
			☐ Bi-weekly*	$	Tuesday		
			☐ Semi-monthly*	$	Wednesday		
			☐ Monthly	$	Thursday		
			☐ Annual	$	Friday		
					Saturday		
					Sunday		
		Total Gross Annual Earned Income:		$	**Total Hours Worked Per Week:**		
Additional Household Member 2:			☐ Weekly	$	Monday		
			☐ Bi-weekly*	$	Tuesday		
			☐ Semi-monthly*	$	Wednesday		
			☐ Monthly	$	Thursday		
			☐ 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

Child Support Form

All parents/guardians must complete this form.
Use additional forms for each absent parent.

As an applicant for child care services with the Early Learning Coalition of Polk County, you are required to inform us of the status of child support for each absent parent of your child (ren) upon placement and at every re-determination. Failure to complete this form may result in loss of child care subsidy or denial of services.

Complete **Section I**, if you do not receive child support and the absent parent has no contact with your child(ren). **Section II** must be completed by absent parent, if you are unable to provide child support documentation.

Name of absent parent:_____

Child(ren)'s name:_____

Section I

Section I – To be completed by the Custodial Parent not Receiving Child Support:

If you do not receive child support and the absent parent has no contact with your child(ren), complete this section. If you are not receiving child support, please explain why: _____

_____ **Date Last Received: _____**

Section II

Section II – To be completed by Absent Parent:

Select one option.

1._____ I do not pay child support/have not paid since:_____

2. a.____ I consistently pay child support in the amount of _____ per week/month.

b.____ I pay child support that varies from week to week. In the past six weeks, I have paid the following amounts:

Date: _____ Amount Paid: _____ Date: _____ Amount Paid: _____
Date: _____ Amount Paid: _____ Date: _____ Amount Paid: _____
Date: _____ Amount Paid: _____ Date: _____ Amount Paid: _____

Signature of Absent Parent:_____ Date: _____

Address: _____ Phone:_____

I am fully aware that if my income (including child support), address, phone number or any other information pertaining to my case changes, I have 10 days to notify Early Learning Coalition of Polk County. If I fail to do so, child care services will be terminated.

Signature of Parent / Guardian: _____ Date: _____

Child Support Form

All parents/guardians must complete this form.
Use additional forms for each absent parent.

As an applicant for child care services with the Early Learning Coalition of Polk County, you are required to inform us of the status of child support for each absent parent of your child(ren) upon placement and at every re-determination. Failure to complete this form may result in loss of child care subsidy or denial of services.

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Name of absent parent:_____

Child(ren)'s name:_____

Section I

Section I – To be completed by the Custodial Parent not Receiving Child Support:

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_____ **Date Last Received: _____**

Section II

Section II – To be completed by Absent Parent:
Select one option.

1._____ I do not pay child support/have not paid since:_____
2. a.____ I consistently pay child support in the amount of _____ per week/month.

b.____ I pay child support that varies from week to week. In the past six weeks, I have paid the following amounts:

Date: _____ Amount Paid: _____ Date: _____ Amount Paid: _____
Date: _____ Amount Paid: _____ Date: _____ Amount Paid: _____
Date: _____ Amount Paid: _____ Date: _____ Amount Paid: _____

Signature of Absent Parent:_____ Date: _____

Address: _____ Phone:_____

I am fully aware that if my income (including child support), address, phone number or any other information pertaining to my case changes, I have 10 days to notify Early Learning Coalition of Polk County. If I fail to do so, child care services will be terminated.

Signature of Parent / Guardian _____ Date: _____

Early Learning Coalition of Polk County
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Notarized Letter of Separation Form

Date: _____

To Whom It May Concern:

I, _____ (print name), have been separated from _____ (print name) since _____ (date). He/she (circle one) does/does not (circle one) provide me with child support. I receive $_____ (dollar amount) every week/month (circle one). The last known address for the other parent is:

Address: _____

City: _____State: _____ Zip: _____

Contact Number: _____

Signature: _____

STATE OF FLORIDA
COUNTY OF POLK

Affidavit of Witness to Signature/Identification

BEFORE ME, an officer duly authorized to administer oaths and take acknowledgements, personally appeared, _____, who is personally known to me/or presented a Drivers license/ID# _____, EXP Date_____

SWORN TO AND SUBSCRIBED BEFORE ME THE _____ day of _____ 20___

Print Name of Notary: _____

Signature of Notary: _____

Notary Stamp

115 S Missouri Ave., Suite 201 Lakeland, FL 33815
Phone: (863) 577-2450
Fax: (863) 577-2451

Early Learning Coalition of Polk County
Eager To Learn
www.elcpolk.org

Parent Acceptance Form

Your Choice of Child Care:
You may choose from all available, legally operating, child care arrangements and providers including: licensed centers, licensed homes, faith-based care, school-based programs, in-home care, relative care or other informal arrangements. You are guaranteed the right of "parental choice" in selecting a child care provider. Your child will not be placed in any child care arrangement without your approval.

Types of Child Care:
Mark your choices for the type of childcare you need.

Center Care:
_____ A. Licensed Care
_____B. Exempt Care
_____C. School Based Care PreK or Kidcare

Home Care:
_____ A. Licensed Care
_____ B. Home of a Friend or Neighbor
_____ C. With a Relative

****

ACCEPTANCE AGREEMENT

1. I understand there is a difference in types of childcare.
2. I understand that any provider I choose must allow me, with proper I.D., to visit my child at any time and that my visit may be unannounced.
3. I understand that my daily-assessed co-payment or any additional charges must be paid according to the policies and procedures of my provider.
4. If the provider's private pay rate exceeds the negotiated Coalition's school readiness rate, I will be responsible for the difference between the provider's private pay rate and the Coalition's school readiness rate.
5. I understand that my provider will be reimbursed the remainder directly by funds from the Early Learning Coalition of Polk County.
6. I understand that failure to pay my co-payment I will be subject to the provider's payment policies.
7. I understand that I am responsible to sign my child(ren) in and out of care on a **DAILY** basis. I must indicate AM or PM and sign my full name ledgible. **By signing in and out I am certifying attendance for the day for provider payment; falsifying of information is liable for prosecution under F.S 414.39, Public Assistance Fraud.**
8. I understand I cannot transfer my child(ren) from one provider to another without a paid in full receipt from my current provider for my Coalition daily-assessed co-payment or establish a repayment plan for the outstanding co-payment balance.
9. I understand that if my child(ren) has excessive unexplained absences that exceed 10 calendar days during a total month of attendance my care may be terminated.
10. **I understand that if I knowingly give wrong information or fail to update any of the above listed information I may be liable for prosecution under Florida Statute 414.39, Public Assistance Fraud.**

_____ _____
Parent/Guardian Signature Date

Early Learning Coalition of Polk County
Eager To Learn
www.elcpolk.org

Terms and Conditions for Application for School Readiness Child Care Services

Provisions of School Readiness services are subject to availability of funding and enrollment priorities. You have the right not to be discriminated against for race, national origin, ethnic background, sex, religious affiliation and disability.

Your Rights:
You have the right to visit your child(ren) while they are in care. Your child care provider must allow you, with proper I.D., to visit your child(ren) at any time.
You have the right to confidentiality of your child(ren) information and the right to inspect, review and request a copy of his or her School Readiness record.

Responsibilities
1. It is your responsibility to immediately provide any additional documentation requested by your parent counselor.
2. It is your responsibility to immediately notify your parent counselor within **10 calendar days** of any change of circumstances related to 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). It is your responsibility to pay all lawfully assessed co-payment to your child care provider in a timely fashion. You must keep current in your payment of co-payment to your child care provider.
3. It is your responsibility to sign your child(ren) in and out of the child care provider site daily.

You may lose your child care if you:
1. Have excessive unexplained absences that exceed 10 calendar days during a total month of attendance, or
2. Substantiated fraud or intentional program violation, or
3. Purpose of care is not reestablished at the end of a three (3) month period, or
4. A change in residency outside of the state of Florida, or
5. The family income exceeds 85% of the current state median income, or

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. For all children not yet enrolled in school, the School Readiness child care program will provide developmental screenings/assessments. I consent to these screenings with the understanding that I will be informed of the results for my child(ren) and will be informed of any recommendations. If I choose to decline these services, I understand that I must sign Form OEL-SR 24, "Parent Option to Decline Child Screening."

The Florida's Office of Early Learning, the Early Learning Coalition of Polk County, the Florida Department of Financial Services and/or the referring agencies 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 if I give false information, sign inaccurate attendance documents or fail to report changes in my circumstances, my case may be referred to the Florida Department of Financial Services for action.

I understand that I can appeal my child care services and may request a case review by the child care agency if I so request. If determined ineligible or eligible and services are terminated, suspended, reduced or if I am dissatisfied with any service, I have the right to request a fair hearing.

Parent/Guardian Signature _____ Date _____

Early Learning Coalition of Polk County
Eager To Learn
www.elcpolk.org

Number of Hours of Child Care

Complete the table below for all children in your household that need child care services. Use the chart at the bottom for Unit of Care codes.

Child's Name	Age of Child	Total Hours of Care	Unit of Care See Chart Below

Select the Unit of Care *Other* for any type of care not listed. Please explain type of child care needed.

Units of Care	Unit of Care Description
FT	Full Time
PT	Part Time
PTL	Before School Care Only
PT	After School Only
PTBA	Before and After School Care
FTV	Full Time Wrap (VPK child only)
PTV	Part Time Wrap (VPK child only)
Other	Type of care not listed-Explain

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RELEASE OF INFORMATION

I, _____ hereby give consent to the Early Learning Coalition of Polk County to request any and all information related to my financial eligibility for the receipt of federally-funded child care services and to make inquiry into all statements or information I have given. This includes, but is not limited to: dates of employment, earnings, child support, public benefits, and marital status.

This is a living document which will be used in a confidential manner and for as long as I am receiving School Readiness service from the Early Learning Coalition of Polk County.

_____ _____

Parent/Guardian Signature Date

115 S. Missouri Ave., Suite 201, Lakeland, FL 33815
Phone: (863) 577-2450
Fax: (863) 577-2451