

STATE BOARD OF EDUCATION
Consent Item
July 21, 2016

SUBJECT: Approval of Amendment to Rule 6M-4.300, Waiting List Procedures

PROPOSED BOARD ACTION

For Approval

AUTHORITY FOR STATE BOARD ACTION

Section 1001.213(2), Florida Statutes

EXECUTIVE SUMMARY

The Office of Early Learning (OEL) administers federal and state child care funds and partners with 30 local early learning coalitions to deliver comprehensive early learning services statewide. The office oversees three programs—the School Readiness Program, the Voluntary Prekindergarten (VPK) Education Program, and Child Care Resource and Referral services. OEL is required to submit its proposed rules to the State Board of Education for approval.

The rule establishes a standardized application and prequalifying questions that will be completed by parents seeking school readiness services and the procedures for early learning coalitions to manage the uniform waiting list for the School Readiness Program.

Supporting Documentation Included: Proposed Rule 6M-4.300, F.A.C.; Forms OEL-SR 01-PQ and OEL-SR 01

Facilitator: Rodney J. MacKinnon, Executive Director, Office of Early Learning

Substantial rewording of Rule 6M-4.300 follows. See Florida Administrative Code for present text.

6M-4.300 School Readiness Application and Waiting List Procedures

(1) Definitions

(a) “Early learning coalition” or “coalition” refers to the entity charged with administering school readiness program services pursuant to ss. 1002.83 and 1002.84, F.S.

(b) “Eligible” means that a family meets the school readiness eligibility criteria pursuant to s. 1002.87, F.S. and Rule 6M-4.200(2) or (3), F.A.C.

(c) “Notification” means that the early learning coalition has contacted the parent or documented attempts to contact the parent via telephone, email, fax or mail.

(d) “Parent” means individual defined in Rule 6M-4.200(1)(c), F.A.C.

(e) “Potentially eligible” means that the family’s application appears to meet the requirements for eligibility but the family has not yet submitted necessary documentation to determine eligibility.

(f) “Prequalifying questions” means questions that parents must answer prior to submitting an application. The prequalifying questions screen families according to the school readiness eligibility requirements pursuant to s. 1002.87, F.S. and Rule 6M-4.200(2) or (3), F.A.C.

(g) “Revalidation” means the process of a family’s confirmation that the information about the family on the waiting list is current.

(h) “Removal” means that a family is removed from the waiting list for a reason identified in subsection (4)(d) below.

(i) “Single point of entry (SPE)” also known as the Family Portal, means the process established under s. 1002.81(14), F.S. for a parent to apply for the school readiness program at various locations throughout a county.

(j) “Waiting list” means a list of children waiting for potential enrollment in the school readiness program once funding is available. The list is a record of the names of parent(s), the names and dates of birth of their children, waiting list date and anticipated eligibility and priority category for seeking school readiness services. The waiting list is maintained by the early learning coalition.

(2) Prequalifying Questions and School Readiness Application.

(a) In order to participate in the school readiness program, parents shall submit a prequalifying questionnaire, file an application if appropriate, and provide requested documentation to an early learning coalition. If funds are available at the time of application the coalition shall conduct an eligibility determination. If funds are not available at the time of application, the coalition shall place the child or children on a waiting list as set forth herein.

(b) All parents requesting school readiness program services must first complete the prequalifying questions before completing the School Readiness Application, if applicable, and submit it through the single point of entry available at the following web address: <https://familyservices.floridaearlylearning.com>. Questions three and four of the prequalifying questions are based on the current Federal Poverty Level (FPL) for the total number of family members reported in question two. Parents may complete the prequalifying questions and School Readiness Application at any time. If the results of the prequalifying questions indicate that the family may be potentially eligible, the family will then be directed to complete the School Readiness Application. Upon completion of the School Readiness Application, parents must

submit at least one document to complete the application process. The document may be a current paystub, a verification of employment statement, written statement from employer, school enrollment or class registration, or documentation of a temporary or permanent disability.

1. Form OEL-SR 01-PQ, Prequalifying Questions, dated July, 2016, are hereby incorporated by reference and may be obtained at the office website at www.floridaearlylearning.com or by contacting the Office of Early Learning, Department of Education, 250 Marriott Drive, Tallahassee, FL 32399. The incorporated form is also available at: <placeholder for FAR reference materials link>.

2. Form OEL-SR 01, School Readiness Application, dated July, 2016, are hereby incorporated by reference and may be obtained at the office website at www.floridaearlylearning.com or by contacting the Office of Early Learning, Department of Education, 250 Marriott Drive, Tallahassee, FL 32399. The incorporated form is also available at: <placeholder for FAR reference materials link>.

(c). If the prequalification screening results indicate that the family may not be potentially eligible, the family shall be directed to contact the early learning coalition which shall offer Child Care Resource and Referral (CCR&R) services pursuant to Rule 6M-9.300, F.A.C.

(3) Eligibility Screening.

(a) Early learning coalitions shall review each submitted application and required documentation within 20 calendar days of receipt to determine if the parent is potentially eligible pursuant to s. 1002.87(1), F.S. The early learning coalition shall notify the parent if the eligibility criteria have or have not been met.

(b) If the coalition determines that the family is potentially eligible based on their application and funding is available, the early learning coalition shall conduct an eligibility

determination pursuant to s. 1002.87, F.S. and Rule 6M-4.200(2) or (3), F.A.C. Upon determining the family eligible for the school readiness program, the child is eligible for enrollment with a provider delivering the school readiness program. The coalition shall indicate the required supporting documents for eligibility determination pursuant to Rule 6M-4.208, F.A.C.

(c) If the family is potentially eligible and funding is not available, the early learning coalition shall place the child on its waiting list according to subsection (4).

(d) If the family is not potentially eligible, the early learning coalition shall offer the parent CCR&R services pursuant to Rule 6M-9.300, F.A.C.

(4) Waiting List Management.

Each coalition shall utilize a waiting list as an enrollment management tool for the school readiness program on an ongoing basis. An early learning coalition shall not purge its waiting list by removing all children at one time. A coalition's waiting list management shall consist of:

(a) Placement of Children on the Waiting List.

1. A family shall be placed on the waiting list on a first-come, first-serve basis, based on the date of the submitted application, the potential eligibility category and priority categories specified in s. 1002.87(1), F.S., and the age of the child. An early learning coalition may consider local service priorities within a priority category.

2. If a parent requests school readiness program services for an additional child following placement on the waiting list, the additional child shall be placed on the waiting list according to the initial date the family was placed on the waiting list. The additional child shall also be assigned a potential eligibility category and priority specified in s. 1002.87(1), F.S.

3. An unborn child shall not be eligible for the waiting list.

4. A parent may update the information reported in the School Readiness Application. The coalition shall review the changes according to subsection (3). If the family remains potentially eligible, the family shall retain its place on the waiting list.

(b) Revalidation.

At least once every six (6) months from the date the family was initially placed on the waiting list or from the last revalidation date the coalition shall contact the parent and request the parent to submit updated information regarding eligibility status. The coalition shall notify the parent within 30 calendar days prior to the revalidation date.

(c) Availability of Funding.

The early learning coalition shall notify the parent within thirty (30) calendar days of funding availability to potentially enroll the child in the school readiness program. In the notice, the coalition shall provide instructions to the parent on how to complete the school readiness eligibility determination process pursuant to Rule 6M-4.208, F.A.C.

(d) Removal from the Waiting List.

The coalition shall notify the parent of removal from the waiting list. The notification shall include the reason why the family was not placed on the waiting list or why the family or child was removed from the waiting list. Notice of removal is not required when funding becomes available for the child to receive school readiness services and the child is enrolled with a school readiness provider. A family will be removed from the waiting list under the following circumstances:

1. Failure to maintain accurate contact information;

2. Failure to meet the school readiness eligibility requirements as specified in s.

1002.87(1), F.S.;

3. Failure to confirm information. The parent does not validate its information by the due date indicated on the notification;

4. Over age limitations. Any child on the waiting list age 13 or older will be removed from the waiting list;

5. School readiness services no longer needed. The parent indicates, via email, fax, mail, telephone or in person, that school readiness services are no longer needed;

6. The parent does not respond to the notification for available funding by the due date;

7. The family no longer resides in the early learning coalition's service delivery area; or

8. Funding becomes available for the child to receive school readiness services and the child is enrolled with a school readiness provider. Actual eligibility determination will be conducted prior to authorization for enrollment, which will be based on available funding. Enrollment in the school readiness program will be on a first-come, first-serve basis pursuant to s. 1002.87(1), F.S.

(5) Reapplication.

(a) If a family is removed from the waiting list, a parent must reapply for school readiness services and shall be screened for eligibility according to subsection (3) to be placed back onto the waiting list and receive a new waiting list date.

(b) If a family on the waiting list of an early learning coalition moves out of the coalition's service area, the family shall reapply for eligibility services with the coalition operating in the family's new location. The family will receive a new waiting list date with the coalition offering services in the new location.

Rulemaking Authority ~~411.01(4)(e)~~ 1001.213(2), 1002.82(2)(f)1.c., 1002.84(2), FS. Law Implemented ~~411.01(5)(e)~~ 1002.81(14), 1002.82(2)(f)1.c., 1002.84(2), 1002.85(2)(c)2., 1002.87(3), FS. History—New 4-21-03, Amended _____ Formerly 60BB-4.300.

Prequalification Questions

The Florida School Readiness Program offers financial assistance to low-income families for early education and care so they can become financially self-sufficient and their children can be successful in school.

1. Do you have children in your home younger than 13 years of age in need of child care? *

Yes No

2. How many total adults and children live in your household? *

(Includes spouses, former spouses, persons related by blood or marriage, persons who are parents of a child in common regardless of whether they have been married, and other persons who are currently residing together in the same dwelling unit as if a family. (s.1002.81(9), F.S.))

3. Is your gross (before taxes) household annual income less than ? * Yes No

4. Is your gross (before taxes) household annual income less than ? * Yes No
(If yes, check one of the last two boxes under question #5 if applicable)

5. Check all that apply: (must check at least one) *

- Are you 65 years of age or older?
- Are you currently working at least 20 hours per week or if there are two parents in the household, are both of you working for a combined 40 hours per week?
- Are you attending school at least 20 hours per week?
- Are you working and attending school for a combination of at least 20 hours per week?
- Are you temporarily or permanently disabled?
- Are you applying for services in the Child Care Purchasing Pool or is your employer participating in the Child Care Executive Partnership program? **Add Tool tip:** Child Care Purchasing Pool-Child Care Executive Partnership-A partnership with public/private entities that was created to help employers meet the needs of a growing segment of their workforce-working parents.
- Are you currently receiving or previously received school readiness services with another early learning coalition?

Do I Qualify ?



STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

SAMPLE

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



STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

SAMPLE

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



STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

SAMPLE

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



STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

SAMPLE

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

What is the primary language spoken at home?

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

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

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

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

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

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

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

Child Social Security Number (Not Required)

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



STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

SAMPLE

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

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STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

SAMPLE

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

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



STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

SAMPLE

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

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



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

Person Full Name Earning Other Income:

Income Source * (Check all that apply)

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

Amount Received Monthly *

Note

Person Full Name Earning Other Income:

Income Source * (Check all that apply)

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

Amount Received Monthly *

Note

Person Full Name Earning Other Income:

Income Source * (Check all that apply)

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

Amount Received Monthly *

Note

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



STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

SAMPLE

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

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

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

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

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

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

- Physician Statement
- Social Security Award Letter

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

- Child Care Application and Authorization Form

By signing this form I certify that:

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

Parent Signature

Date Signed