Early Learning Coalition of the Nature Coast
Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties

School Readiness Services Terms and Conditions

United Way

Note: *The "parent" refers to the parent, caregiver, or guardian*

1. Notification of Changes: The parent certifies that the information given in the application is true and complete to the best of the parent's knowledge. If there is any change in the parent's financial or living arrangements or group status, he/she agrees to notify the agency providing the services immediately, but **no later** than **10 calendar days** after the change occurs. Examples include but are not limited to: family size, loss and/or gain of income, and change of address or employment. The parent understands that, if he/she knowingly gives wrong information or fails to update any of the above listed information, he/she is liable for prosecution under Florida Statute 414.39, Public Assistance Fraud. _____ (initials)

2. Consent to Request Information: The parent gives consent to the Department of Children and Families and/or the Florida Department of Law Enforcement/Public Assistance Fraud, and Early Learning Coalition of the Nature Coast to request all information related to parent's eligibility, and to make inquiry into all statements or information given in the application. _____(initials)

3. Consent to Provide Developmental Screenings and Assessments: The parent understands the School Readiness Program will provide developmental screenings/assessments for children not yet age-eligible for kindergarten in accordance with Florida Statute section 411.01 (5) (c) (2). Recommendations and results will be provided to the parent and current provider. _____(initials)

4. Right to Notification of Decisions and Right to Appeal: The parent understands that he/she has the right to appeal and the right to notification of decisions if he/she is found ineligible for service: if a service is terminated, suspended, or reduced, or if he/she is dissatisfied with any service provided by the Early Learning Coalition of the Nature Coast. _____(initials)

5. Parent Fee Requirements: The parent agrees and understands that it is his/her responsibility for the payment of any assessed parent fee and that failure to pay the applicable parent fee is grounds for termination of financially assisted School Readiness services. The parent also understands that additional fees which are charged by the provider may apply. _____(initials)

6. Right to Unlimited Access: The parent understands that the selected child care facility must allow the parent unlimited access to their child(ren) during normal hours of provider operation and whenever the child(ren) are in the care of the provider. _____(initials)

7. Right of Parental Choice: The parent certifies that he/she has been offered a choice of caregiver for the child(ren) through the use of a voucher or subcontracted provider with any legal care arrangement including relatives, neighbor, or church operated programs. _____(initials)

8. Provider Transfer Terms and Conditions: If the parent wishes to transfer their child/children to a different School Readiness provider, they must obtain a currently dated and fully completed **Zero Balance Transfer Form** from their current provider and *submit it* **to ELCNC** *for processing*. This form should indicate they have paid all parent fees and are eligible to transfer their child/children to another School Readiness provider of their choice. (Step 1) _____(initials)

It is the parent's responsibility to inform ELCNC of the name of the new provider and the first date of enrollment **prior** to the first day of enrollment. (Step 2) Failure to comply with this requirement may result in the parent being charged full rates. _____(initials)

If the parent wishes to transfer their child without bringing their parent fees current with their former provider, they may choose to move the child, but will need to pay the new provider at full rates. School Readiness reimbursement **will not** begin until the parent has paid all past due fees to the former provider. A signed transfer form must be obtained and Steps 1 and 2 followed. _____(initials)

Providers will not issue a transfer form to the parent if Student Attendance Verification and/or daily sign in and out sheets (as applicable) are not current and up-to-date. _____(initials)

9. Non-discrimination Assurance: The parent acknowledges their right not be discriminated against on the basis of race, national origin, ethnic background, sex, religious affiliation, or disability. _____(initials)

10. Data Verification: Florida's Office of Early Learning and the Early Learning Coalition of the Nature Coast have the right to initiate and/or receive data 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.). _____(initials)

The parent understands that current eligibility ends on _____. All redetermination documentation must be received by _____.

Applicant Certification: ***I understand that non-compliance with the terms and conditions outlined in this document may result in the termination of my child(ren's) School Readiness services. Further, I certify that the information I have provided is true and correct. I understand that it is against the law to receive School Readiness services for my child(ren) by giving false information and that if it is discovered that I have not been truthful, or that I did not notify the Early Learning Coalition of the Nature Coast of any changes in my family/financial status/employment within ten (10) days of the change, I may be prosecuted for fraud; I understand that I will be required to pay back financial assistance I received for my child(ren) to attend the School Readiness program.***

Parent's Signature | Print Name | Date

By signing, I acknowledge that I have fully explained / mailed all terms and conditions stated above to the parent. *(circle one)*

Client Services Counselor Signature | Print Name | Date

The Early Learning Coalition of the Nature Coast holds the applicant harmless for any changes to this form subsequent to obtaining signature.