



SCHOOL READINESS PROGRAM APPLICANT AND HOUSEHOLD MEMBER INFORMATION

SECTION 1: APPLICANT INFORMATION

Adult Applicant _____ **Date of Birth** _____ **SSN** _____ **Sex** _____
Physical Address
Street Address _____ City _____ State _____ Zip Code _____
Mailing Address Same as above
Street Address _____ City _____ State _____ Zip Code _____
Email Address _____ **Home Phone** _____ **Cell Phone** _____
Where do you live? Apartment With family or friends House Shelter **Marital Status** Never Married Married Separated Divorced Widowed
Race _____ **Ethnicity** Hispanic Non-Hispanic **Language Spoken In Home** _____
Are you a Migrant? Yes No **Are you enrolled in school?** Yes No **Name of School** _____
Employer Name _____ **Work Phone #** _____
Employer Address
Street Address _____ City _____ State _____ Zip Code _____
Hours Worked _____ **Days of the week worked** Vary Mon Tues Wed Thurs Fri Sat Sun

SECTION 2: OTHER ADULT HOUSEHOLD MEMBER INFORMATION (spouse or partner):

Name _____ **Date of Birth** _____ **SSN** _____ **Sex** _____
Is this household member enrolled in school? Yes No **Name of School** _____
Employer Name _____ **Work Phone #** _____
Employer Address
Street Address _____ City _____ State _____ Zip Code _____
Hours Worked _____ **Days of the week worked** Vary Mon Tues Wed Thurs Fri Sat Sun

SECTION 3: MINOR HOUSEHOLD MEMBER INFORMATION

Name of Child	Relationship to Applicant	Date of Birth	SSN	Race	Sex M/F	Both Parents in the Home?	Applying for Childcare?
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: HOUSEHOLD SIZE: Based on the information provided above, please indicate the total number of individuals in your family:

SECTION 5: REQUIRED DOCUMENTS: Please see the enclosed ELPOP 400.01: Notice of Required Documents for a list of documents that must be attached.
THE ELCNC WILL NOT ACCEPT THIS FORM WITHOUT ALL REQUIRED DOCUMENTS ATTACHED.

SECTION 6: FAMILY NEEDS ASSESSMENT: The ELCNC will provide community resources for each area of family need indicated below.

<input type="checkbox"/> Food	<input type="checkbox"/> Health Insurance (child)	<input type="checkbox"/> Financial	<input type="checkbox"/> Adult Medical	<input type="checkbox"/> Adult Education _____ (specify)
<input type="checkbox"/> Clothes	<input type="checkbox"/> Counseling	<input type="checkbox"/> Stress Management	<input type="checkbox"/> Adult Dental	<input type="checkbox"/> Child Support Enforcement Services
<input type="checkbox"/> Housing	<input type="checkbox"/> Child Behavior	<input type="checkbox"/> Parent Workshops	<input type="checkbox"/> Employment	<input type="checkbox"/> Other _____
<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing			<input type="checkbox"/> NO NEEDS

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SECTION 7: SCHOOL READINESS PROGRAM TERMS AND CONDITIONS

- 1. **REQUIRED NOTIFICATION OF HOUSEHOLD CHANGES:** I understand my obligation to report changes in my household income that exceeds 85% of the state median income, loss of employment or educational activities for any household members, and changes in my contact information including my address and telephone number. I understand that I must report these changes on ELPOP 400.16: Report of Household Change, which is available at all ELC offices. I understand that my report must be provided immediately, but no later than ten (10) calendar days after the change. _____ (Initials)
- 2. **REQUESTED INFORMATION AND DATA VERIFICATION:** I give the Florida Office of Early Learning, the ELC, the Department of Children and Families, and the Florida Department of Financial Services the right to initiate, request, verify, make inquiry, and validate all information related to my School Readiness application which is received through direct contact or an automated data exchange process, in order to conduct a criminal investigation, if necessary. The information includes, but is not limited to, social security benefits, birth dates, immunization status and/or all sources of potential and reported earned and unearned income (employment records, unemployment benefits, TANF, child support, etc.). _____ (Initials)
- 3. **REQUIRED COPAYMENT:** I understand my responsibility to pay my daily assessed copayment and any additional fees, such as registration fees that are required by my Early Learning Provider. _____ (Initials)
- 4. **ATTENDANCE:** I understand my responsibility to sign my child in and out of the program on a daily basis. I also understand that if my child is absent from the program for five (5) consecutive days and I do not contact my Early Learning Provider, my School Readiness services may be cancelled. _____ (Initials)
- 5. **LOSS OF FUNDING:** I understand that the provision of School Readiness services is subject to the availability of funding and placement priorities. _____ (Initials)
- 6. **COLLECTION OF SOCIAL SECURITY NUMBERS:** I understand that the ELC is responsible for verifying the identity of all applicants and that I may provide my social security number as part of the verification process; however, in lieu of social security numbers I may provide other appropriate

forms of identification (described in the School Readiness Parent Handbook) for proof of identity purposes. _____ (Initials)

- 7. **RIGHT TO NOTIFICATION OF DECISIONS AND RIGHT TO APPEAL:** I understand that I have the right to notification of eligibility decisions and the right to appeal decisions related to the cancellation, suspension, or reduction in School Readiness services. In addition, I have the right to file a grievance related to the dissatisfaction of services provided by the ELC. I understand that the appeal/grievance must be in writing and submitted in accordance with the instructions provided in the 400.03: School Readiness Program Parent Handbook, as amended. _____ (Initials)
- 8. **RIGHT TO UNLIMITED ACCESS:** I understand my selected Early Learning Provider must allow me unlimited access to my children during normal business hours and whenever my children are in the care of the Early Learning Provider. _____ (Initials)
- 9. **RIGHT TO PARENTAL CHOICE:** I certify that I have been offered a choice of Early Learning Provider for my child, which includes any legal care arrangement including relatives, neighbor, or church operated programs, which are contracted with the ELC to provide School Readiness services. Furthermore, I understand that if my preferred provider is not contracted with the ELC to provide School Readiness services, I may request the ELC to contact the caregiver to become a provider of School Readiness services. _____ (Initials)
- 10. **RIGHT TO PROVIDER TRANSFER:** I understand that I am entitled to transfer my children to a different School Readiness facility provided that my copayments are current or a payment plan is established with the current School Readiness Provider for the repayment of delinquent copayments. I understand that if I wish to transfer my child to a different School Readiness Provider, I must follow the provider transfer instructions provided in ELPOP 400.03: School Readiness Program Parent Handbook, as amended. _____ (Initials)
- 11. **RIGHT TO NON-DISCRIMINATION:** I acknowledge my right not to be discriminated against on the basis of race, national origin, ethnic background, sex, religious affiliation, or disability. _____ (Initials)
- 12. **RIGHT TO CONFIDENTIALITY:** I understand that I have the right to inspect, review, and request a copy of my child's School Readiness record. _____ (Initials)

Section 8: Certification of Family Assets: I certify that the total value of all family assets are less than \$1,000,000.

Printed Name of Applicant Signature Date

Section 9: APPLICANT STATEMENT OF UNDERSTANDING: I understand that I must comply with the terms and conditions of this document. I certify my understanding of each term and condition as evidenced by my initials. I certify that the information I have provided here, as well as all attachments, are true and correct. I understand that it is against the law to receive School Readiness services for my child/children by giving false information or failing to update pertinent information and if I do so, I may be prosecuted under Florida Statute 414.39, Public Assistance Fraud. I understand that I will be required to payback assistance that I wrongly receive for my child or children. I certify that I have received ELPOP 400.03: School Readiness Program Parent Handbook at my initial interview and understand that I may access an additional copy at www.elc-naturecoast.org.

Printed Name of Applicant Signature Date

Printed Name of Eligibility Analyst Signature Date

Crystal River Office
382 N Suncoast Blvd
Crystal River, FL 34429
352-563-9939 Phone
352-563-5933 Fax
877-336-5437 Toll-Free



CLIENT SATISFACTION SURVEY
(Optional)

Today's Date: _____

What County do you live in? _____

How did you hear about the Early Learning Program? <input type="checkbox"/> Phone Book <input type="checkbox"/> Newsletter <input type="checkbox"/> Mailing <input type="checkbox"/> Another agency <input type="checkbox"/> Internet <input type="checkbox"/> Word of mouth	RATINGS						COMMENTS OR SUGGESTIONS Please use this space for additional responses. Use back of page if necessary
	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1	N/A	
1. From my choice of child care sites, I feel comfortable that my child is safe and placed in a supportive child care setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The Terms and Conditions of the program were clearly stated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The Eligibility Specialist answered all of my questions and possessed a thorough knowledge of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The office environment was neat and clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. I received the assistance I requested and the information was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. I was offered an appointment time convenient with my schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. My phone calls were answered quickly and my messages were returned within 72 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. If I had a complaint, it was handled well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. The Eligibility Specialist provided information about other community services (if needed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Overall, I am satisfied with the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What do you like about the Early Learning Program?							
What changes would you recommend?							
Name		Phone Number				Best time to reach me	
Name of Eligibility Specialist		Date Returned					