For clients who:

- are not disabled and
- do not receive RCG (Relative Care Giver) or TANF (Temporary Aid to Needy Families) assistance and
- do not have an At-Risk DCF referral OR
- are participating with a career coach with Brevard Workforce

Please fill out all applicable forms in your package completely. Then email, fax, or drop off in person to the Eligibility Specialist named on the redetermination letter you received. Here is a checklist to help make sure you provide all the necessary documents.

It is important to remember that you must submit the completed package TWO WEEKS PRIOR to your redetermination date.

Your specialist will review all the documents. If you are still eligible for services, she will contact you to set up a short appointment to come in and sign paperwork and pick up your certificate. If you are not eligible for services, she will contact you and send you a Notice of Ineligibility.

- RELEASE OF INFORMATION form (to be completed by EACH parent/guardian in the household)
- SCHOOL READINESS APPLICATION (to be completed by parent/guardian)
- INCOME WORKSHEET (form SR100 - to be completed by parent/guardian)
  
  BREVARD WORKFORCE REFERRAL (completed by career coach if applicable)

- EMPLOYMENT VERIFICATION AND WORK SCHEDULE FORMS completed by your employer.

  PAYSTUBS:
  
  If paid weekly: last four weeks of consecutive paystubs
  If paid bi-weekly or semi-monthly last two consecutive paystubs
  If paid monthly: most recent paystub

- SELF-EMPLOYMENT VERIFICATION: If either parent/guardian is self-employed, provide last year’s completed tax returns (business and/or personal) or IF NEW BUSINESS, complete year-to-date business records clearly showing gross income and receipts for expenses.

- CHILD SUPPORT VERIFICATION: Printout from Clerk of Courts website showing payments received for last 2 months OR, if you receive Voluntary Child Support, the ELC Voluntary Child Support form completed by the absent parent or copies of checks/money order receipts for last 2 months.

Instructions for Standard Redetermination, pg. 2
- OTHER UNEARNED INCOME VERIFICATION (i.e. SSI, SSA, Retirement, Veteran’s, etc.): Please bring current verification.
- EDUCATION/TRAINING: If either parent/guardian is a student, submit ELC verification form completed and signed by school OR Enrollment Certificate and class schedule.
- RIGHTS AND RESPONSIBILITIES
- PHOTO IDENTIFICATION of parent/guardian applying for services.
- RESIDENCY VERIFICATION: Copy of utility bill, lease, paystub, etc.
AUTHORIZATION FOR EXCHANGE AND RELEASE OF INFORMATION

Parent/Guardian Name: ______________________________________________

Address: __________________________________________________________

City: ____________________________ ST: __________ Zip: ________________

I/we give authorization to the Early Learning Coalition of Brevard County, Inc. (ELCB) to obtain from and release to collateral contacts information relevant to verification of identity; employment, educational and training activities; family size and composition; guardianship/custody; income; and any other information relevant to participation in the subsidized child care program for myself and/or individuals on whose behalf subsidy benefits are paid.

In addition, I/we authorize the exchange and release of information between ELCB, Florida Department of Children and Families (DCF), Florida Department of Financial Services, contracted child care providers, funders and any other relevant government entities and their contracted service providers as it relates to participation in the subsidized child care program.

_________________________________ ____________________________________________________
Parent signature Date ELCB Representative
(Valid for one year)
**Section I: Client Information**

Parent/Guardian Name: ___________________________________________________________________________

Address: _______________________________________________________________________________________

City: __________________________________________ State: ________________________ Zip: _______________

Mailing Address (if different): ______________________________________________________________________

______________________________________________________________________

Home Phone: ___________________ Work Phone: ____________________ Cell Phone: _____________________

Email Address: __________________________________________________________________________________

Marital Status: (Check one)            ___Single   ___Married   ___Divorced   ___Separated   ___Widowed

**Section II: Household Information**

Please list everyone who lives at the above residential address.

<table>
<thead>
<tr>
<th>NAME</th>
<th>HOW IS THIS PERSON RELATED TO THE CHILD(REN) NEEDING SERVICES? (CHECK ONE FOR EACH PERSON.)</th>
<th>AGE</th>
<th>DATE OF BIRTH</th>
<th>CURRENT GRADE IN SCHOOL</th>
<th>GENDER</th>
<th>RACE</th>
<th>HISPANIC (Y OR N)</th>
<th>SOCIAL SECURITY NUMBER*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PARENT</td>
<td>GUARDIAN</td>
<td>CHILD</td>
<td>RELATIVE</td>
<td>SIBLING</td>
<td>NON-RELATIVE</td>
<td>PARENT</td>
<td>GUARDIAN</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Social Security Numbers are optional. If you provide this information, it will be used to identify this case only.*
1. Do you have a current referral for services from another agency?  ___Yes  ___No
   Which one?  ___DCF  ___Brevard Cares  ___Homeless Shelter  ___DV Shelter  ___Impower
   Other (please specific): ____________________________________________________________

2. Do you need assistance in choosing quality child care?  ___Yes  ___No

3. Are any of the children for whom you are applying attending an EELP (Exceptional Early Learning Program)
   with the Brevard County School District or a Head Start Program?  ___Yes  ___No

4. Are any of the children for whom you are applying have an IEP or IFSP for services such as speech,
   behavioral modification, physical or occupational therapy?  ___Yes  ___No
   Which child(ren)?  (specify) _________________________________________________________

5. Do you own or rent your home?  ___Own  ___Rent  ___Neither (specify): __________________________
   If renting, please provide name and phone number of landlord ____________________________
   ___________________________________________________________________________________

6. Do you have a split custody arrangement with the child(ren)'s other parent(s)?  ___Yes  ___No
   If yes, please describe the arrangement: _______________________________________________

---

In order for this application to be processed in a timely manner, the applicant will need to submit a completed income
worksheet (Office of Early Learning SR#100). Please read all information on the income worksheet carefully.

All employment and education/training needs to be documented on form along with all types of income such as child
support received and/or paid out of home, social security benefits, re-employment assistance, food assistance, alimony,
TANF, RCG, retirement benefits, veteran's benefits, housing assistance, etc. If the income worksheet is incomplete, the
processing of the application may be delayed. Additionally, please submit all employment verification or education
verification and any verification letters for Social Security, TANF, RCG, or Re-employment Assistance when submitting
packet. All information must be verified or application will not be processed.

I certify that this information is true and correct. I also understand that if I intentionally provide false or incorrect
information or receive funds for which I am not entitled, I may be subject to further investigation and/or
prosecution.

Applicant Signature __________________________________________________ Date ________________
**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)

<table>
<thead>
<tr>
<th>Name of Person Who Works</th>
<th>Name, Address and Telephone Number of Employer(s)</th>
<th>Source of Earned Income</th>
<th>Gross Earned Income (before taxes)</th>
<th>Weekly Work Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Frequency</td>
<td>Amount</td>
<td>Day of Week</td>
</tr>
</tbody>
</table>

Parent 1:

|                          |                                                 | Weekly                  | $ | Monday       |
|                          |                                                 | Bi-weekly*              | $ | Tuesday      |
|                          |                                                 | Semi-monthly*           | $ | Wednesday    |
|                          |                                                 | Monthly                 | $ | Thursday     |
|                          |                                                 | Annual                  | $ | Friday       |

Total Gross Annual Earned Income: $  
Total Hours Worked Per Week: 

Education

Name, Address and Telephone Number of School:  

|                          |                                                 | Semester               | Quarter | Total Classroom/ Lab Hours Per Week: |
|                          |                                                 |                        |         |                                      |

Parent 2:

|                          |                                                 | Weekly                  | $ | Monday       |
|                          |                                                 | Bi-weekly*              | $ | Tuesday      |
|                          |                                                 | Semi-monthly*           | $ | Wednesday    |
|                          |                                                 | Monthly                 | $ | Thursday     |
|                          |                                                 | Annual                  | $ | Friday       |

Total Gross Annual Earned Income: $  
Total Hours Worked Per Week: 

Education

Name, Address and Telephone Number of School:  

|                          |                                                 | Semester               | Quarter | 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       |

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       |

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.

<table>
<thead>
<tr>
<th>Authorized Deductions</th>
<th>Case/Account Number</th>
<th>Monthly Amount</th>
<th>Annual Amount</th>
<th>Name of Family Member Making Payment</th>
<th>Date of Last Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child support payments made pursuant to a court order</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alimony paid pursuant to a court order</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Authorized Deductions</td>
<td></td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Unearned Income Type</th>
<th>Case/Account Number</th>
<th>Monthly Amount</th>
<th>Annual Amount</th>
<th>Name of Family Member Receiving Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Stamps benefits and Family Subsistence Supplemental Allowance (FSSA)**</td>
<td>Exempt</td>
<td>$</td>
<td>Exempt</td>
<td></td>
</tr>
<tr>
<td>Housing assistance, including Military Housing Assistance</td>
<td>Exempt</td>
<td>$</td>
<td>Exempt</td>
<td></td>
</tr>
<tr>
<td>TANF cash assistance</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Dividends/Interest</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Social Security Disability income</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Veteran’s benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Retirement benefits-including Social Security, railroad retirement or other types of pensions not previously identified</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Support received (list)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Alimony received</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Worker’s Compensation benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment Compensation benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Income/money received from non-family members residing in the household</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other unearned income (list):</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total Annual Unearned Income</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Do not include in the calculation of Total Annual Unearned Income. For federal reporting purposes only.**

<table>
<thead>
<tr>
<th>Total Annual Gross Income</th>
<th>Household Size (Include parent(s), children, and related adults in the home)</th>
<th>Required Family Contribution/Parent Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Earned Income + Unearned Income – Deductions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Parent/Guardian</th>
<th>Date</th>
<th>Signature of Eligibility Determiner</th>
<th>Date</th>
</tr>
</thead>
</table>
(EMPLOYER MUST COMPLETE)

I give my permission for my employer to release information to the Early Learning Coalition.

PARENT/GUARDIAN SIGNATURE

1. Name of employee: ________________________________
2. Address of employee: ________________________________
3. Type of work performed by employee: ________________________________
4. Number of hours worked per week: ________ Is the employee considered full-time or part-time? FT  PT
5. Hourly rate of pay: ___________ If new job, first pay date: ___________
6. Does employee receive pay stubs? (yes or no) __________
7. Date current employment began ___________ Date previously employed (if re-hire) __________
8. Does employee receive tips? (yes or no) __________ Are all tips included in gross income? (yes or no) _____
9. Does employee receive bonuses? If yes, how often: ___daily ___weekly ___bi-weekly ___monthly ___other
10. Does employee receive commissions? If yes, how often: ___daily ___weekly ___bi-weekly ___monthly ___other
11. Is employment seasonal? (yes or no) __________ If yes, season begins_________ ends_______
12. How often is employee paid? ___daily ___weekly ___bi-weekly ___monthly ___other

Please complete the following section showing the employee’s Work Schedule for the last six weeks. Please show start and end times for each day of the week as show in the example below.

<table>
<thead>
<tr>
<th>EXAMPLE</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>8am to 5pm</td>
<td>12pm-7pm</td>
<td>1pm to 5pm</td>
<td>OFF</td>
<td>6pm to 9pm</td>
<td>OFF</td>
<td>12pm to 5pm</td>
</tr>
</tbody>
</table>

Week 1
Week 2
Week 3
Week 4
Week 5
Week 6

(Continued on back)
If the employee is paid weekly or bi-weekly, please list the most recent six weeks of pay information. If the employee is paid semi-monthly, please list the last two months of pay information.

<table>
<thead>
<tr>
<th>PAY PERIOD START/END DATES</th>
<th>DATE PAY RECEIVED</th>
<th>NUMBER OF HOURS WORKED</th>
<th>GROSS EARNINGS</th>
<th>TIPS/BONUS/COMMISSION RECEIVED</th>
<th>NET PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

1. If the above pay periods do not fairly represent the employee’s “typical” work week (due to illness, family emergency, vacation, etc.), please explain:

                                                                
                                                                

SECTION III-EMPLOYER INFORMATION

The information on this form is true and accurate. I acknowledge that if I intentionally provide false information, I may be subject to prosecution for fraud.

EMPLOYER’S PRINTED NAME

EMPLOYER’S TITLE

EMPLOYER’S SIGNATURE

COMPANY NAME

COMPANY ADDRESS

COMPANY PHONE NUMBER

CITY, STATE, ZIP

DATE FORM COMPLETED
I, ____________________________, do not receive any child support for the following child/children.

List each child in the home and the name(s) of the parent(s) not residing in the home with the child.

<table>
<thead>
<tr>
<th>CHILD</th>
<th>ABSENT PARENT’S NAME</th>
<th>ABSENT PARENT’S ADDRESS</th>
<th>ABSENT PARENT’S PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Have you filed for child support with the Department of Revenue? ________________________________

If yes, what is the case status? ____________________________________________________________

If no, please explain why not. ___________________________________________________________

____________________________________________________________________________________

________________________  ______________
Parent/Caretaker Signature  Date

________________________  ______________
Family Services Specialist  Date

☐ I have reviewed the applicable child support websites and verified that no other support exists as of the date indicated.  Specialist Initials _______  Date __________________

EARLY LEARNING COALITION of Brevard County, Inc.
Rockledge Office  PO Box 560692, Rockledge, FL 32956  Phone: 321-637-1800 Fax: 321-637-1897
Melbourne Office  2080 W Eau Gallie Blvd. Ste A, FL 32935  Phone: 321-752-3290 Fax: 321-752-3294

Revised 2/13/2013
**VOLUNTARY CHILD SUPPORT STATEMENT**

*THIS FORM MUST BE COMPLETED BY THE PARENT WHO PAYS CHILD SUPPORT TO YOU.*

I, _______________________________, pay voluntary child support for the following child/children:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

How often is support paid?  _____ Weekly  _____ Bi-Weekly  _____ Monthly

Please list the dates and amounts of your last payments:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Amount Paid</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

I certify that this information is true and correct.
I also understand that if I intentionally provide false or inaccurate information I may be subject to further investigation and/or prosecution.

Printed Name: ___________________________ Signature: ___________________________
Address: _____________________________________________________________________
Date: ___________________________ Phone number: ___________________________

For Office Use Only:

☐ I have reviewed the applicable child support websites and verified that no other support exists as of the date indicated. Specialist Initials ______ Date ____________________
(Form must be completed by the educational institute)

Name of Student: ____________________________________________________________

Name of School and/or Training Program: _______________________________________

Semester Start Date: __________  Semester End Date: __________  Current Credit Hours: __________

Is the student enrolled in a program that is different from a traditional “semester” (i.e. modules, etc.)?  Yes or  No

If yes, please attach module schedule.

Student status: (circle one)  full time  or  part time

Are any of the student’s credit hours online? If so, how many __________

Is the student required to participate in extra educational activities outside of scheduled classroom hours (i.e. clinicals, externships, labs, study groups, etc.)?

Please explain: _____________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

School Location: ____________________________________________________________

City: ____________________________ State: ___________ Zip Code: _________________

Contact Person: ____________________________ Phone: __________________________

(please print)

Please complete the information below AND attach an official class schedule including hours and days of attendance.

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHEDULE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCHEDULE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Staff Signature ____________________________ Date ____________________________

Official School/Training Seal: ____________________________
EARLY LEARNING COALITION OF BREVARD
RIGHTS & RESPONSIBILITIES

CLIENT RIGHTS

YOU HAVE THE RIGHT:

• To a translator. One will be provided if requested.
• To submit a written appeal if your services are decreased, fees increased, or if your services are terminated or denied.
• To be notified in writing of any changes in your child care services.
• To receive a termination notice if you are found ineligible for services during your re-determination appointment.
• To choose your child care provider. If you need assistance in choosing quality child care services, please contact the Early Learning Coalition’s Child Care Resource & Referral Department. Central/North Brevard: 321-637-7272. South Brevard: 321-752-3290 ext. 113.
• To transfer providers at any time.
• To visit your child (ren) any time they are in the care of the provider.
• To be given your start and end eligibility dates in writing.
• To confidentiality of your child’s information and the right to inspect, review and request a copy of his or her child’s School Readiness record.
• To not be discriminated against due to race, color, creed, national origin, ethnic background, sex, religious affiliation, nor disability.
• To receive a receipt of copayment fees from my child care provider and to be notified in writing of any delinquencies.

CLIENT RESPONSIBILITIES

IT IS YOUR RESPONSIBILITY:

• To report changes affecting your eligibility within ten calendar days. This includes changes in address, temporary/non-temporary work or education status, family size, failure to maintain attendance at a job training or education program and if income exceeds 85% of the state median income (SMI).
• To disclose all information about everyone living in my household.
• To redetermine services prior to your eligibility end date.
• To immediately provide your child care provider with a copy of the child care certificate you received today. You understand that if you do not provide the certificate and changes to your schedule or parent fee have occurred, you may be held financially responsible for any difference in fees or for charges for days not authorized.
• To pay the family fees before services are used and the provider may have additional charges you may be responsible to pay. You also understand that if fees are not paid your services will be terminated or transfer denied. It is required to submit written verification from the current provider that the School Readiness fees have been paid in full or an established repayment arrangement with the current provider has been established and is submitted in writing to the Coalition.
• To make sure your child (ren) attends the program all days authorized. You also understand that excessive unexplained absences that exceed 10 calendar days during a total month of absences may result in dismissal from the program.
• To understand all School Readiness services are dependent upon funding availability and Early Learning Coalition’s placement priorities.
• To comply with rule 6M-4.500 (1) (c) (5), an authorized signature to record attendance will be entered when dropping off or picking up my child (ren). The entry will include the child’s name, date, and time my child (ren) exits or enters the provider’s site.

By signing below, I acknowledge that I have read and understand the above statements. I further understand that providing false information to the Early Learning Coalition, or failing to report required changes could result in termination of services, and/or referral to the Florida Department of Financial Services for investigation. In addition, I understand 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.). In accordance with 6M-4.200 (3)[a](3), I certify that my family’s total assets do not exceed $1,000,000. Finally, I understand that I am responsible for reimbursing the Early Learning Coalition if my child (ren) receive services for which they were not eligible.

Parent/Caretaker Signature ______________________________ Date ____________

Family Services Specialist – Eligibility ______________________________ Date ____________

Revision Date 02/16/2018
Early Learning Coalition of Brevard

Child Care Resource & Referral Service

For information about:
- Finding licensed child care providers in your area
- Choosing a quality child care or VPK program for your child
- Becoming a child care provider
- Finding out about special needs accommodations
- Or other family resources

Rockledge: (321) 637-7272
Melbourne: (321) 752-3290

Voluntary Pre-Kindergarten (VPK)

Free Pre-K to all children who are 4 years old by Sept. 1st of each year regardless of income.

Financial Assistance for Child Care

Assistance to income eligible families seeking quality child care.

Child Care Provider Services

Assistance in opening a center, becoming licensed, professional development, and special needs.

Early Learning Coalition of Brevard

North Area
The Children’s Center
5650 S. Washington Ave.
Titusville, FL 32780
(321) 264-4091

Central Area
Main Office
Rockledge Office
1018 S. Florida Ave.
Rockledge, FL 32955
(321) 637-1800
(321) 637-7272

South Area
Melbourne Office
2080 W. Eau Gallie Blvd., Ste A
Melbourne, FL 32935
(321) 752-3290

Brevard Workforce
295 Barnes Blvd.
Rockledge, FL 32955

Brevard Workforce
Country Club Plaza
5275 Babcock St., Ste 8B
Palm Bay, FL 32905

www.elcbrevard.org

Sponsorship by the Early Learning Coalition of Brevard County Inc., and Florida’s Office of Early Learning

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To hand deliver application to the Rockledge Office:

Early Learning Coalition of Brevard
1018 S. Florida Ave.
Rockledge, FL 32955
Hours of Operation: Monday – Thursday, 8 a.m. – 6 p.m.

To hand deliver application to the Melbourne Office:

Early Learning Coalition of Brevard
2080 W. Eau Gallie Blvd., Suite A
Melbourne, FL 32935
Hours of Operation: Monday – Thursday, 8 a.m. – 6 p.m.