



# Application for Child Care Funding

Using blue or black ink, please complete sections A, B, and C, then sign and date. *Do not use white-out.*

COALITION USE ONLY	
<b>ELIGIBILITY</b> Funding Agency: _____ Funding Contract: _____ Eligibility: _____	<b>ELIGIBILITY AUTHORIZATION DATES</b> Eligibility Authorized From: _____ Next Redetermination Date: _____

## A. PARENT/GUARDIAN IDENTIFYING INFORMATION

Applicant Last Name			First Name			MI			Other Parent/Guardian Name											
Date of Birth			Race/Gender			SSN Number			Date of Birth			Race/Gender			SSN Number					
Home Phone Number						Work Phone Number						Email Address						Marital Status		
Street Address									City			County			State			Zip		
Family Size									Primary Language Spoken in the Home											

## B. CHILDREN REQUIRING CARE

Name of Child Needing Care	Relationship to Applicant	Race	U.S. Citizen	Gender	Social Security No.	Date of Birth	COALITION USE	
			<input type="checkbox"/> Y <input type="checkbox"/> N				Daily Fee FT / PT	
			<input type="checkbox"/> Y <input type="checkbox"/> N					
			<input type="checkbox"/> Y <input type="checkbox"/> N					
			<input type="checkbox"/> Y <input type="checkbox"/> N					
			<input type="checkbox"/> Y <input type="checkbox"/> N					

## C. OTHER HOUSEHOLD MEMBERS

Name	Race	Gender	Date of Birth	Relationship to Applicant	Relationship to Children Above

You have the right to apply for assistance and to have a determination of your eligibility without regard to race, sex, age, disability, religion, national origin, ethnic background, marital status or political belief. If you have a disability that substantially limits your access to the ELC, please inform us so that reasonable accommodations can be made that do not cause you undue burden or hardship.

PRIVACY ACT STATEMENT: Social Security numbers are requested on this form under s.119.071 (5)(a)2., F.S., for the use in the records and data system of the Florida Office of Early Learning and Early Learning Coalitions. Social Security numbers will be used for routine data requests, state and federal reporting requirements, identification, and to verify eligibility for the School Readiness Program, including, but not limited to family income. Submission of social security numbers on this form is voluntary and not a condition of enrollment in the School Readiness Program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Eligibility Specialist Signature

\_\_\_\_\_  
Date

