

Application for Child Care Scholarship



CLIENT: USING BLUE OR BLACK INK, COMPLETE SECTION III - VI, SIGN AND DATE. *Do not use white-out.*

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| I. ELIGIBILITY Funding Agency: _____ Funding Contract: _____ Eligibility: _____ | II. ELIGIBILITY AUTHORIZATION DATES Eligibility Authorized From: _____ Next Redetermination Date: _____ |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

III. PARENT GUARDIAN IDENTIFYING INFORMATION

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|---------------------|--------------|--|--------------------------------------|--|-------|----------------------------|-------------|----------------|------------|
| 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 | | State | | Zip | | |
| Family Size: | | | Primary Language Spoken in the Home: | | | | | | |

IV. CHILDREN REQUIRING CARE

| Name of Child Needing Care | Relationship to Applicant | Race | Gender | Social Security No. | Date of Birth | Daily Fee | |
|----------------------------|---------------------------|------|--------|---------------------|---------------|-----------|----|
| | | | | | | FT | PT |
| | | | | | | | |
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| | | | | | | | |

V. OTHER HOUSEHOLD MEMBERS

| Name | Race | Gender | Date of Birth | Relationship to Applicant | Relationship to children above |
|------|------|--------|---------------|---------------------------|--------------------------------|
| | | | | | |
| | | | | | |

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 Agency for Workforce Innovation 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.

VI. SIGNATURES

I give consent, if determined eligible, to the School Readiness Agency and /or the Florida Department of Law Enforcement to request all information relating to my eligibility and to make inquiry into all statements of information given. I reviewed, understand and agree with all Terms and Conditions for Application for School Readiness child care scholarship services.

Signature: _____ Date: _____