

Disability/Medical Condition/ Developmental Delay Verification Form



Dear Medical Provider:

In order for a parent/guardian to qualify for a child care scholarship due to a disability, the disability must prevent them from caring for the child (ren) on a full time basis. **If applicable, please answer the following questions to assist us in determining the applicant's eligibility.**

Print Parent or Guardian Name: _____ SSN: (optional) _____

Eligibility for child care scholarship based on a parent/guardian disability:

Choose one:

Is permanently disabled.

Is temporarily disabled until _____

Brief description of Disability:

Does the parent/guardian need assistance in providing full time care for the child (ren): Yes No

If yes, briefly explain how disability prevents parent/guardian from caring for the child (ren) on a full time basis.

Is temporary disability due to maternity leave Yes No

If yes, how long is anticipated leave? _____

Medical Provider's Signature _____

Date: _____

Print Medical Provider's Name _____

Phone No. _____

Medical Provider's Address: _____