

Terms and Conditions for Financial Assistance for School Readiness/County Services



You have been determined eligible for school readiness/county services and must comply with the following terms and conditions to become/remain eligible. By your initials and signature on this form, you agree to the following terms and conditions.

I agree to notify the ELC's Eligibility and Enrollment department in writing within 10 days of any change that could affect my eligibility including but not limited to:

- **Employment:** changes of employer, pay, work hours, days of work/schedule, unemployment
- **Family Status:** marriage, divorce, separation, father or mother of any child residing in the home
- **Income change:** begin receiving or stop receiving any income and other income changes
- **Residence/Contact Info:** address changes, phone numbers, etc.
- **Maternity Leave**

I agree to provide documents or information required by ELC within the designated time period realizing that my services may be suspended or terminated otherwise.

I have received information on the various types of child care choice available. I understand that some funding sources limit my child care choices. I have had all child care choices explained to me and have made my choice of my own free will. I understand the selected child care provider must allow me to visit my child/ren while they are in care.

I agree to pay the assessed parent fee and any additional charges that I may incur. These charges may include but not be limited to late fees, returned check fees, cost of care in excess of the Coalition maximum reimbursement rate, etc.

I understand that I cannot transfer my children if I owe parent fees to my provider unless I have a proof of a payment agreement signed by me and the provider.

I agree that my family will use appropriate conduct at the child care facility and at the ELC realizing I may not be served otherwise.

I agree that necessary information concerning my child may be released to other appropriate agencies.

I understand that my child's(rens') attendance in child care is important and agree to report absences to the child care provider as they occur. I understand that this program will pay for up to 3 undocumented absences and up to 7 documented absences each month realizing I may be required to pay for days not paid by the Coalition. Excessive absences could result in loss of child care slot and/or termination of my assistance.

I understand I or my designee must sign my child in and out each day they are in care using my or my designee's full name and time of drop off/pick up. I further understand that if the Coalition monitors my provider's attendance records and determines that I have not complied with this requirement the payment for those days will be disallowed and the provider has the right to request full payment from me.

I will provide accurate and truthful information during the receipt of services through this agency. I certify that the information given in my application is true and complete. I understand that if I knowingly give false information, provide inaccurate documentation, sign inaccurate attendance documents or fail to report changes in my circumstances, I will be liable for financial restitution and may be referred to the Florida Department of Law Enforcement for action. The ELC will investigate suspected fraud cases. I understand my child care services will be terminated and I may not be eligible for services for at least a year or more after restitution is complete.

___ I give consent for review/release/exchange of all information provided to determine my eligibility including but not limited to contacting the current or previous employers for verification of employment information, etc.

___ I give consent for all funder agencies or funder personnel to review my record for monitoring purposes. In addition, I understand that agency records relating to the program may be public records under Chapter 119, Florida Statutes.

___ I give consent to DCF, Division of Public Assistance Fraud, ELC and/or ELC Provider to release and/or request all information relating to my eligibility for the receipt of medical benefits and/or payments by the Social Security Administration and to make inquiry into all statements or information given in the application, if applicable.

___ I give consent to local, state or other government agencies to release information to the ELC regarding child support I am receiving or have received, if applicable.

___ I understand that Early Learning services are based solely on client eligibility, availability of funds, and enrollment priorities. These services are not an entitlement. I understand that if I am deemed ineligible for services through termination, suspension, etc. I may have to go on a wait list and my eligibility for the wait list must be approved.

___ I understand that at any time I do not agree with a decision regarding my child care scholarship funding I have a right to appeal that decision. I must notify the ELC staff in writing of my request to appeal and that I wish a supervisory review of my case within ten days of any detrimental decision regarding my case.

DEVELOPMENTAL SCREENINGS

I give consent for my child(ren) to receive developmental screenings.

___ I understand the ELC and/or its Contractor and/or my chosen child care provider will provide routine and ongoing developmental and health screenings.

___ I give consent to these screenings with the understanding that I will receive the results and my child's current child care provider will be given a copy of the screening results.

___ I give permission to the ELC and/or its contractor and/or my child care provider to exchange information regarding the above mentioned developmental and health screening results.

Child Name	Date of Birth	Was Child Premature?	If Yes, How Early?
1) _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ Weeks
2) _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ Weeks
3) _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ Weeks
4) _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ Weeks

I **do NOT** give consent for my child(ren) to receive developmental screenings.

Parent/Guardian Signature

Date

ELC Staff Signature

Date