

Terms and Conditions for Financial Assistance



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

_____ I agree to notify the ELC's Family Services 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/schedule, loss of employment
- **Family Status:** marriage, divorce, separation, parent of any child residing in the home, birth of child
- **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. This parent fee is due whether or not the child(ren) are in care and on ELC approved holidays. 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 if I transfer my child prior to obtaining authorization from the ELC I will be responsible for the full cost of care until I obtain authorization.

_____ 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(ren)'s 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. Unreported absences of five or more days could result in loss of child care slot and/or termination of my assistance, requiring me to re-apply to the Wait List.

_____ I understand I or my designee must sign my child(ren) 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 certify that the information given in my application is true and complete to the best of my knowledge. 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 Financial Services for action and my child care funding will be terminated. The ELC will investigate suspected fraud cases.

_____ 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 State, Federal and Manatee County Government funder agencies or funder personnel to review my record for evaluation or monitoring purposes. In addition, I understand that agency records relating to the program may be public records under Chapter 119, Florida Statutes.
- ___ I understand The 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.)
- ___ 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 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 _____