EARLY CHILDHOOD SCHOOL READINESS PROGRAMS
SCHOOL READINESS (SR) FOSTER PARENTS ENROLLMENT
REQUIREMENTS AND PROCEDURES

Date: __________________________

TO: Foster Parent Processing Staff @ Netpark
School Readiness Administrative Office
5701 E. Hillsborough Ave, Ste. 2301
Tampa, Florida 33610
Phone: (813) 744-8941 ext. 272 or ext. 254
Dedicated Fax Line: (813) 744-6753

To be completed by Foster Parent:
Additional documents can be found @ http://earlychildhood.mysdhc.org > Foster Parent Packet Link.
Immediately mail or fax the items listed below along with this form for processing:
FROM: Foster Parent (Print Name):______________________________________________________________

Contact Phone Number: _________________________ Fax Number: ____________________________________
Email address: ______________________________________________________________________________

All forms must be signed, dated and completed in its entirety and returned. Only blue/black ink is acceptable.

☐ Referral from Eckerd or HCSO Foster Care Program (signed & dated by client and caseworker)
☐ Client Application Form (both sides must be completed)
☐ Income Worksheet for Eligibility and Parent Copayments Client Application Form (completed, signed & dated by client)
☐ Copy of Verification of Age (if available) – for child (ren) requesting SR funded child care
☐ Copy of Verification of Citizenship (child’s legal status) – for child (ren) requesting SR funded child care
   (if Medical Eligible is not checked on Referral)
☐ Copy of Foster Parent’s Photo ID

Foster Care – (At Risk – Children Birth – 8 yrs. old):
   o Purpose of care is protection. If the referral indicates purpose of care is also employment, employment
     must be verified with one current pay stub or employment verification documentation.
     Employment is not required for client to receive child care.

☐ Selected School Readiness Child Care Provider:
   ______________________________________________________
   (Provider’s name, address and telephone number)
   To receive assistance in selecting a Child Care Provider please contact SR @ 813-744-8941 ext. 272 or 254.
   You will be notified by processing staff of your application status.

Foster Care – (At Risk – 9 - 12 yrs. old):
Please contact SR for a waiting list application and Child Care Resource and Referral services due to the unavailability of
funding for 9 – 12 year old foster care children at this time: 813-744-8941 ext. 272 or 254.

Office use only:
Date Received: __________________________ Date of Enrollment: ______________ Processing Staff: ______________
**School Readiness Programs**

**CLIENT APPLICATION**

SSN is not required for eligibility and services will not be denied due to failure to provide a SSN***

*Family Information if living in the household- Must be Completed***

***See Back Side for Privacy Act Statement***

<table>
<thead>
<tr>
<th>Name/Social Security Number***</th>
<th>Date of Birth</th>
<th>Gender M / F (circle one)</th>
<th>Ethnicity/Race Circle all that apply (see box below)</th>
<th>Place of Employment or School</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A1) Parent/Guardian Name_________________________</td>
<td>M or F H / Non- H W B A H A I</td>
<td>Employer/School:_________________________</td>
<td>Address _____________________ Telephone # (______) _______________________</td>
<td></td>
</tr>
<tr>
<td>SSN*** ________________________________</td>
<td></td>
<td></td>
<td><em>Family Information if living in the household- Must be Completed</em></td>
<td></td>
</tr>
<tr>
<td>(A2) Parent/Guardian Name_________________________</td>
<td>M or F H / Non- H W B A H A I</td>
<td>Employer/School:_________________________</td>
<td>Address _____________________ Telephone # (______) _______________________</td>
<td></td>
</tr>
</tbody>
</table>

*Ethnicity – Hispanic or Non-Hispanic Race – White / Black / Asian / Hawaiian / American Indian

Home Address: (documentation required) Apt / Lot #: ______________________

City/State/Zip Code: ______________________

Mailing Address(if Different from Home Address): ______________________

City/State/Zip Code: ______________________

Home Phone: ( ) ______________________ Other Phone: ( ) ______________________ Cell Phone: ( ) ______________________

Email: ______________________

Primary Language Spoke at home: Bosnian Chinese Creole English French Other Polish Sign Language Spanish Vietnamese (circle one)

If you would like to receive a list of child care providers, please place a check mark ______

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**List all children in the household requiring child care– ALL INFORMATION MUST BE COMPLETED**

<table>
<thead>
<tr>
<th>Legal Name (First and Last Name)</th>
<th>Date of Birth</th>
<th>Gender (circle one)</th>
<th>Ethnicity/Race Circle all that apply (See family info above)</th>
<th>Social Security Number***</th>
<th>Is the child a USA citizen or legal alien (circle one)</th>
<th>Child Related to A1 or A2 (See family info above) (circle one)</th>
<th>Relationship to child (See codes below)</th>
<th>Child’s Current Grade Level (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. M or F H / Non- H W B A H A I</td>
<td>Yes or No</td>
<td>A1 or A2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. M or F H / Non- H W B A H A I</td>
<td>Yes or No</td>
<td>A1 or A2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. M or F H / Non- H W B A H A I</td>
<td>Yes or No</td>
<td>A1 or A2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. M or F H / Non- H W B A H A I</td>
<td>Yes or No</td>
<td>A1 or A2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. M or F H / Non- H W B A H A I</td>
<td>Yes or No</td>
<td>A1 or A2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Codes: C = Natural/Adopted Child G = Grandchild N = Niece/Nephew F = Foster O = Other S = Sibling

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**Household Information MUST BE COMPLETED**

How many people live in your household? _____ Adults _____ Children _____

Client’s Legal Marital Status: __ Married __ Single __ Separated __ Divorced __ Widowed

(Initial one of the two statements below)

(Initial if applicable) _______ I certify that I am not living with the child (ren)’s mother / father

(Initial if applicable) _______ I certify that I am living with the child (ren)’s mother / father.

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<table>
<thead>
<tr>
<th>Names of Other Household Residents</th>
<th>Date of Birth</th>
<th>Gender (circle one)</th>
<th>Ethnicity/Race Circle all that apply (See family info above)</th>
<th>Social Security Number***</th>
<th>Relationship to Applicant</th>
<th>Resident Contributes Financially to Household? (circle one)</th>
<th>Relationship to Each Child in the Section Above</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. M or F H / Non- H W B A H A I</td>
<td>Yes or No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. M or F H / Non- H W B A H A I</td>
<td>Yes or No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. M or F H / Non- H W B A H A I</td>
<td>Yes or No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Client Application Form- revised 5/16/14
School Readiness Programs Client Application

TERMS AND CONDITIONS

Provisions of School Readiness services are subject to eligibility requirements, availability of funding, and enrollment priorities. It is a parent’s right to confidentiality of child information and the right to inspect, review and request a copy of his or her child’s SR record. Parents have the right not to be discriminated based on race, color, creed, national origin, sex, political belief or disability.

Please place your initials in each section below to indicate that you have read, understand and accept each of the following terms and conditions:

The parent/caregiver/ guardian understands that 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.)

The parent/caregiver/ guardian gives consent, if determined eligible, to the School Readiness Agency and/or the Department of Financial Assistance/Division of Public Assistance Fraud to request all information relating to his/her eligibility and to make inquiry into all statements of information given. I understand that if I give false information, sign inaccurate attendance documents or fail to report changes in my circumstances, my case may be referred to the Department of Financial Assistance/Division of Public Assistance Fraud for action and possible prosecution.

The parent/caregiver/ guardian understands, if determined eligible and service is terminated, suspended or reduced; or if a parent/caregiver/ guardian is dissatisfied with any service, he/she has the right to request a fair hearing and right to appeal decisions.

The parent/caregiver/ guardian understands that if determined eligible, any facility the parent selects must allow the parent/caregiver/ guardian to visit the child while in care.

The parent/caregiver/ guardian understands, if determined eligible he/she may freely select the type of care as defined in the Parent Placement Options that best meets the needs of the child (ren) and family as applicable within the funding requirements for which he/she is eligible.

The parent/caregiver/ guardian understands and agrees, if determined eligible, to sign the child (ren) in and out daily from their chosen legal child care arrangement. Parent signature may not be pre-signed or dated prior to the last day of attendance for the month. I also agree that I am responsible to pay the parent copayment in a timely manner and that the School Readiness agency will not be held responsible for any rates exceeding the allowable maximum or any additional charges. Prior to transferring child care providers, parent/caregiver must provide documentation to the School Readiness Program from the child care provider stating parent/caregiver has satisfactorily fulfilled copayment obligation.


The parent/caregiver/ guardian understands he/she has the right to be notified if, as a result of any redetermination, the child/ren is determined ineligible for financial assistance.

The parent/caregiver/ guardian certifies that the information given is true and complete to the best of the parent/caregiver/ guardian’s knowledge. You must submit in writing to the School Readiness Program within 10 calendar days any changes in income, employment, family size, address or any other information which could affect possible school readiness assistance eligibility. Failure to do so will lead to the termination of your child care services. If a loss of employment is not reported within the specified time frame, sanction penalties will be imposed. It is also your responsibility, if determined eligible, to recertify for your school readiness assistance prior to the end of your authorization period. If you do not, your school readiness assistance will be terminated the day following the end of the authorization period.

The parent/caregiver/ guardian understands that, if determined eligible for School Readiness subsidy, non-school age child (ren) will receive a developmental screening designed to access their current developmental level. If you do not wish to have your child screened, you must request and sign the “Parent Option to Decline Child Screening” form.

Privacy Act Statement:
Social security numbers are requested on this form under s. 119.071(5) (a) 2., F.S., for use in the records and data systems 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.

By signing below, I acknowledge that I have reported on the School Readiness Programs Client Application form all income of my household and that all of the information I have provided is true and correct and have received a copy of these terms and conditions. I agree that my signature on file serves as my signature on the Child Care Certificate and Pre-Authorization Child Care Certificate and the (SR 100) – Income Worksheet. I also agree that my signature on file may be used for up to 12 months from the date below when reported changes result in an updated computer generated Application and Income Worksheet.

______________________________________________
Print Name ________________________________________________________________________________________

______________________________________________
Signature of Staff verifying completion of this form _______________________________________________________________________________________

Date: ________________________

Parent/Caregiver/Guardian Signature

Client Application Form- revised 5/16/14
The Office of Early Learning

INCOME WORKSHEET for Eligibility and Parent Copayments

SECTION I. EARNED INCOME
Complete the following information about each adult family member in the household who is employed or participating in education. Provide proof of all income and/or participation in education/training declared on this form. Include proof of all payments received with this form. If payments are received:

- Weekly: must provide last six (6)
- Bi-Weekly: must provide last three (3)
- Semi-Monthly: must provide last four (4)
- Monthly: must provide last two (2)

Check One: □ Single Parent Household □ Two-Parent Household

Parent(s) with whom the child resides (includes parents by marriage or adoption)

<table>
<thead>
<tr>
<th>Name of Person Who Works</th>
<th>Name, Address and Telephone Number of Employer(s)</th>
<th>Occupation</th>
<th>Gross Earned Income (before taxes)</th>
<th>Weekly Work Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Frequency</td>
<td>Amount</td>
</tr>
<tr>
<td>Parent 1:</td>
<td></td>
<td></td>
<td>□ Hourly</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Weekly</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Bi-weekly*</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Semi-monthly*</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Monthly</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Annual</td>
<td>$</td>
</tr>
<tr>
<td>Total Gross Annual Earned Income:</td>
<td>$</td>
<td>Total Hours Worked Per Week:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

□ Education

Name, Address and Telephone Number of School:

□ Semester
□ Quarter
□ Other

Parent 2:

□ Hourly $ Monday
□ Weekly $ Tuesday
□ Bi-weekly* $ Wednesday
□ Semi-monthly* $ Thursday
□ Monthly $ Friday
□ Annual $ Saturday

□ Education

Name, Address and Telephone Number of School:

□ Semester
□ Quarter
□ Other

Additional adult family members in the home who are employed (includes children over 18 who are not enrolled as full-time students in secondary schools** or their equivalent and related adults who are supported by the family).

Additional Household Member 1:

□ Hourly $ Monday
□ Weekly $ Tuesday
□ Bi-weekly* $ Wednesday
□ Semi-monthly* $ Thursday
□ Monthly $ Friday
□ Annual $ Saturday

Total Gross Annual Earned Income: $ Total Hours Worked Per Week:

Additional Household Member 2:

□ Hourly $ Monday
□ Weekly $ Tuesday
□ Bi-weekly* $ Wednesday
□ Semi-monthly* $ Thursday
□ Monthly $ Friday
□ Annual $ Saturday

Total Gross Annual Earned Income: $ Total Hours Worked Per Week:

* Biweekly means paid every other week; Semi-monthly means paid twice per month

** A school that is intermediate in level between elementary school and college includes middle/high, vocational/technical, and college-prep schools
SECTION II. UNEARNED INCOME

If any family member receives any of the following type of unearned income (or benefits), check the type of benefits received. Enter the case or account number, the amount received, and the name of the family member receiving the payment. Provide proof of all payments received with this form. If payments are received: Weekly: must provide last six (6), Bi-Weekly: must provide last three (3) Semi-Monthly: must provide last four (4), or Monthly: must provide last two (2).

<table>
<thead>
<tr>
<th>Unearned Income Type</th>
<th>Case/Account Number</th>
<th>Monthly Amount Received</th>
<th>Annual Amount Received</th>
<th>Name of Family Member Receiving Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption Subsidy Payments</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Alimony received</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Cash (Income/money received from non-family members residing in the household)</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Child Care benefits</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Child Support received (if multiple payments, list each separately):</td>
<td>1.</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Economic Stimulus</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Food Stamps benefits</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Foster Care payments</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Housing assistance from HUD issued directly to a landlord (and utilities)</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Housing assistance from HUD issued directly to member of the household (and utilities)</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Military Food Assistance</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Military FSSA housing assistance</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Pension benefits</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Relative Caregiver benefits</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Retirement benefits (SSA)</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>SSA Survivor Benefits for child</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Supplemental Security Income for client(SSI)</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Supplemental Security Income for child (SSIC)</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>TANF cash assistance</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation benefits</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Veteran’s benefits</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation benefits</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other income (list):</td>
<td>1.</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Total Annual Unearned Income $ __________

SECTION III. DEDUCTIONS

If any family member makes any of the following type of payments, check the type of payment made. Enter the case or account number, the amount paid, the name of the family member making the payment, and the date of the last payment. The caseworker will deduct or exclude these payment types from total family income upon receipt of proof of payment. If payments are paid out: Weekly: must provide last six (6), Bi-Weekly: must provide last three (3) Semi-Monthly: must provide last four (4), or Monthly: must provide last two (2).

<table>
<thead>
<tr>
<th>Authorized Deductions</th>
<th>Case/Account Number</th>
<th>Monthly Amount Paid</th>
<th>Annual Amount Paid</th>
<th>Name of Family Member Making Payment</th>
<th>Date of Last Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alimony paid pursuant to a court order</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child support payments paid pursuant to a court order</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Annual Authorized Deductions $ __________

I hereby certify that the information given in this worksheet is true and complete to the best of my knowledge. I understand that if I knowingly give wrong information, I may be liable for prosecution under state law and that School Readiness services may be terminated. I also understand that if any changes occur to the information on this worksheet, I will notify the coalition of those changes within ten (10) calendar days.

Signature of Parent/Guardian Date Signature of Eligibility Determiner Date

OFFICIAL USE ONLY – School Readiness staff to complete this section.

<table>
<thead>
<tr>
<th>Total Annual Gross Income</th>
<th>Household Size (Include parent(s), children, and related adults in the home who are supported by the family)</th>
<th>Required Family Contribution/Parent Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Earned Income + Unearned Income – Deductions)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$ __________ $ __________ $ __________

SR #100
Verification of U.S. Citizenship or Qualified Eligible Legal Alien – 4/3/13

Early Childhood School Readiness Programs

VERIFICATION OF CHILD (REN) U.S. CITIZENSHIP OR LEGAL ALIEN

A child must be a U.S. citizen or a qualified legal alien to qualify for School Readiness. As a parent/guardian, you have the responsibility to ensure the child’s legal status by providing a copy of at least one of the following supporting documents:

- U.S. Certificate of Birth
- U.S. Hospital Record
- U.S. Passport
- Lawfully admitted alien document (e.g. Forms I-94, I-94A, I-197, I-551, & I-766) with Non-U.S. passport
- Religious documents recorded in the U.S. shortly (within one month) after birth
- Certificate of Citizenship or Naturalization
- Social Security Administration Record
- Child’s Social Security Card
- At-Risk Child Care Application and Authorization Referral (if “Medicaid Eligible” is checked off)

Note: If the above items are not available the parent/guardian will need to complete the School Readiness Affidavit of Child’s Legal Status form below.

➢ Affidavit of U.S. Citizenship or Legal Alien: MUST

Be sworn by the Parent/Guardian (complete the affidavit of child’s legal status below)

AFFIDAVIT OF U.S. Citizenship or Legal Alien

(To be completed by Parent or Guardian)

I,_________________________________________________swear that by signing this Affidavit of Child’s Legal Status I affirm that the child (ren) listed below is a citizen or non-citizen national of the United States – or is a qualified legal alien. I understand that it is against the law to receive School Readiness Program services by providing false information and/or documents.

I understand that if it is discovered that I have not been truthful about information establishing my child (ren’s) legal status or have provided false documentation, I can be prosecuted for fraud and made to pay back money spent for child care for my child (ren).

Please complete the following information:

Print Name of child (ren):

______________________________ was born on ______________ in ______________________________
(Name of child) (Date-mm/dd/yyyy) (City) (State) (Country)

______________________________ was born on ______________ in ______________________________
(Name of child) (Date-mm/dd/yyyy) (City) (State) (Country)

Under penalty of perjury and possibly subject to later verification of legal status, I declare I have read all of the above and that all information and documentation I have provided is true.

The School Readiness Program will not accept this form if it is not signed below.

Signature of the Parent/Guardian: ______________________________ Date: ___________________

Print Name of Parent/Guardian: ______________________________ SS#:_____________________