

Early Learning Coalition of Alachua County Eligibility Checklist

This checklist provides you with a list of documents needed in order to meet eligibility for childcare assistance. Please review, check the items that pertain to you and ensure that you have the documents in hand, at the time of your scheduled appointment. Computers and printers are available in the office. Please ensure that all documents are printed prior to entering the interviewer's office.

Family/Child(ren) Records:

- Birth certificates for all children in the household
- Social security cards (optional)
- Valid photo identification of adult household members (you and other biological parent if in the home)
- Marital Separation Affidavit form (if separated from your spouse)
- Marriage License
- Court documentation establishing guardianship (if you are not the biological parent of the child)

Use this general checklist as a guide to check your documents.

Submit all that applies to you.

Verification of Residency:

IF YOU DO NOT RESIDE WITH SOMEONE: ALL (3) ARE REQUIRED - NO EXCEPTIONS

- Lease agreement with current term dates and signatures
- Current household bill in your name dated with the last 30 days (can be one of the following CURRENT bills: utility bill, home telephone bill, cable/satellite bill, vehicle registration or voter's registration)
- Family size verification: choose one of the following – Florida ACCESS printout showing current household composition, tax return transcript, federal student aid report, HUD family/income summary report or other official state/federal documentation confirming family size

IF YOU DO RESIDE WITH SOMEONE ELSE: THE FIRST (5) ARE REQUIRED – NO EXCEPTIONS

- If the homeowner rents: Lease agreement with current term dates and signatures
- If the homeowner owns: Current mortgage statement or property tax in their name
- Current household bill in **your** name that goes to the homeowner's address dated with the last 30 days
- Notarized Verification of Residence form (to be completed by the homeowner)
- Family size verification: choose one of the following – Florida ACCESS printout showing current household composition, tax return transcript, federal student aid report, HUD family/income summary report or other official state/federal documentation confirming family size
- Notarized Declaration of Household Members form (this form should be used if you have a roommate or a live in boyfriend/girlfriend who is not the biological parent)

Verification of Academic Enrollment:

- Current school schedule – minimum of 10 credit hours
- Current financial aid award letter
- Unofficial transcript or grades from the previous semester
- Federal Student Aid Report (required for non-working students) – located on: <https://fafsa.ed.gov>
- Proof/Verification of Enrollment form
- Notarized declaration of no income form (for students who are unemployed)

Verification of Employment:

- If you are paid weekly: most recent four (4) paystubs
- If you are paid bi-weekly: most recent two (2) paystubs
- If you are paid semi-monthly: most recent two (2) paystubs
- If you are paid monthly: most recent two (2) paystubs
- Verification of Employment form (use if your hire date is within 2 months of your appointment along with any paystubs received since working **OR** if hours or rate of pay are not on your paystubs)
- Loss of Employment form (ONLY to be used if you have changed employment since submitting an application for services online)
- Notarized cash form (if you are paid by personal check or receive cash payment)
- If you are self-employed or receive cash payments, refer to the itemized cash/self-employed checklist
- **If necessary, please request income information from your employer at least 10 days prior to your appointment**

Verification of Other Income:

- If child support is COURT ORDERED and RECEIVED – provide most recent 4 (4) weeks payment history
- If child support is COURT ORDERED and NOT RECEIVED – provided receipt or history of non-payment
- If child support has NEVER been ordered – complete the Notarized Declaration of no Child Support form
- If child support is VOLUNTARILY PAID, obtain notarized letter from parent confirming payment (amount & frequency)
- Social security benefits award letter for the current year (must state benefit amount and purpose for benefit)
- Current Veteran's benefits letter
- Alimony payments – last six weeks
- Temporary cash assistance
- Adoption Subsidy per child (most recent two (2) months payment history)

ELIGIBILITY & ENROLLMENT FORM FOR SCHOOL READINESS SERVICES

Adult client/s

FAMILY DEMOGRAPHIC

| If living in home: Parent/Guardian Name (first & last) | Last 4 digits of SS # (optional) | Sex M/F | Date of Birth | Ethnic (circle one) | Race (circle all that apply) |
|--|-------------------------------------|------------|---------------|--------------------------|---|
| | | | | Hispanic Non-Hispanic | White Black Asian Hawaiian/Pacific US Indian/Alaskan |
| | | | | Hispanic Non-Hispanic | White Black Asian Hawaiian/Pacific US Indian/Alaskan |

Home Address: _____ Apt # _____ City _____ State _____ Zip Code _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Other Phone: (_____) _____

Email: _____

Student Status- Parent/Guardian 1: Yes No; Expected Graduation Date: Month _____ Year _____

Student Status- Parent/Guardian 2: Yes No; Expected Graduation Date: Month _____ Year _____

Are you living with the other biological parent of any of your children? Yes No

**Name of Guardian if client is a minor _____ **Guardian ID # _____

**Relationship to minor parent _____ **Complete this only if client is a minor

HOUSEHOLD INFORMATION

Parent/Guardian marital status: ___married ___single ___separated ___divorced ___widowed

Current **number** of people living in your household _____ **How many** children in each age group: 0-2 ___ 3-4 ___ 5-12 ___ 13-19 ___
(write # of children)

Do you expect anyone to move in or out your home in the next six (6) months to one (1) year?: Yes No

If Yes, who? _____ Relationship: _____ Move-in date: _____

Is this child or another child currently enrolled with another School Readiness Program (i.e. Head Start or Early HS)? Yes No

Name of Program & County: _____ Name of Child: _____

CHILDREN REQUIRING SERVICES

| Child(ren) Legal Name (first and last) | Last 4 digits of SS # (optional) | Sex M/F | Date of Birth | Relation- -ship to Client | Name of Non- Custodial Parent not in the home | Name School / Daycare | Ethnic (circle one) | Race (circle all that apply) |
|---|---|------------|------------------|---------------------------------|---|--------------------------|--------------------------|---|
| | | | | | | | Hispanic Non-Hispanic | White Black Asian Hawaiian/Pacific US Indian/Alaskan |
| | | | | | | | Hispanic Non-Hispanic | White Black Asian Hawaiian/Pacific US Indian/Alaskan |
| | | | | | | | Hispanic Non-Hispanic | White Black Asian Hawaiian/Pacific US Indian/Alaskan |
| | | | | | | | Hispanic Non-Hispanic | White Black Asian Hawaiian/Pacific US Indian/Alaskan |
| | | | | | | | Hispanic Non-Hispanic | White Black Asian Hawaiian/Pacific US Indian/Alaskan |

Other Household Children Not Receiving Services

| Child(ren) Legal Name (first and last) | Last 4 digits of SS # (optional) | Sex M/F | Date of Birth | Relation -ship to Client | Name of Non- Custodial Parent not in the home | Name School / Daycare | Ethnic (circle one) | Race (circle all that apply) |
|---|---|------------|------------------|--------------------------------|---|--------------------------|--------------------------|---|
| | | | | | | | Hispanic Non-Hispanic | White Black Asian Hawaiian/Pacific US Indian/Alaskan |
| | | | | | | | Hispanic Non-Hispanic | White Black Asian Hawaiian/Pacific US Indian/Alaskan |
| | | | | | | | Hispanic Non-Hispanic | White Black Asian Hawaiian/Pacific US Indian/Alaskan |
| | | | | | | | Hispanic Non-Hispanic | White Black Asian Hawaiian/Pacific US Indian/Alaskan |

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ELIGIBILITY

Funding Group: 1 Billing Group: BG- Eligibility: _____

ELIGIBILITY REDETERMINATION

Initial Eligibility Date: _____ Next Redetermination Date: _____ Is a follow-up required: Yes No

Reason: _____ If yes, frequency? 30 days 2 weeks (pending income verification)

Other: _____

PURPOSE OF CARE

| | | | |
|--|---|-----|----|
| Child referred by Children and Families for At-Risk services | Documented? | Yes | No |
| Is caregiver IV-E eligible? Yes No | Documented? | Yes | No |
| Child referred by Wages. | Work Activity documented? | Yes | No |
| Transitional Child Care. | Eligibility and purpose documented? | Yes | No |
| For Migrant Farm Workers, Teen Parents, & Working Poor. | Employer & income documented on attached sheet? | Yes | No |
| District Discretion. | Eligibility and purpose for care documented? | Yes | No |

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

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 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 Florida Department of Law Enforcement for action and possible prosecution. I give my consent to the School Readiness Agency to use computer matches with other governmental agency systems to verify the amount of income available to me and my household members. . I also confirm that my signature on this form also serves as the signature on the computer generated *Eligibility & Enrollment Form for School Readiness Services*.

I have reviewed, understand, and agree with all information listed on this application and the Terms and Conditions for School Readiness Programs.

Signature of Parent/Guardian: _____ Date: _____

Signature of ELCAC Specialist: _____ Date: _____

Office of Early Learning
INCOME WORKSHEET for Eligibility and Parent Copayments

SECTION I. EARNED INCOME **TO BE COMPLETE BY CLIENT- USE N/A AS NEEDED**

Complete the following information about each adult family member in the household who is employed or participating in education:

Check One: Single Parent Household Two-Parent Household

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

| Name of Person Who Works | Name, Address and Telephone Number of Employer(s) | Source of Earned Income | Gross Earned Income (before taxes) | | Weekly Work Schedule | | |
|--|---|----------------------------|--|-------------------------------------|----------------------|------|----|
| | | | Frequency | Amount | Day of Week | From | To |
| Parent 1 : | | | <input type="checkbox"/> Weekly | \$ | Monday | | |
| | | | <input type="checkbox"/> Bi-weekly* | \$ | Tuesday | | |
| | | | <input type="checkbox"/> Semi-monthly* | \$ | Wednesday | | |
| | | | <input type="checkbox"/> Monthly | \$ | Thursday | | |
| | | | <input type="checkbox"/> Annual | \$ | Friday | | |
| | | | | | Saturday | | |
| | | | | | Sunday | | |
| Total Gross Annual Earned Income: | | | \$ | Total Hours Worked Per Week: | | | |

| | | | |
|------------------------------------|---|---|--|
| <input type="checkbox"/> Education | Name, Address and Telephone Number of School: | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Other | Total Classroom/ Lab Hours Per Week: |
|------------------------------------|---|---|--|

If applies

| | | | | | | | |
|--|--|--|--|-------------------------------------|-----------|--|--|
| Parent 2: | | | <input type="checkbox"/> Weekly | \$ | Monday | | |
| | | | <input type="checkbox"/> Bi-weekly* | \$ | Tuesday | | |
| | | | <input type="checkbox"/> Semi-monthly* | \$ | Wednesday | | |
| | | | <input type="checkbox"/> Monthly | \$ | Thursday | | |
| | | | <input type="checkbox"/> Annual | \$ | Friday | | |
| | | | | | Saturday | | |
| | | | | | Sunday | | |
| Total Gross Annual Earned Income: | | | \$ | Total Hours Worked Per Week: | | | |

| | | | |
|------------------------------------|---|---|--|
| <input type="checkbox"/> Education | Name, Address and Telephone Number of School: | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Other | Total Classroom/ Lab Hours Per Week: |
|------------------------------------|---|---|--|

Additional adult family members in the home who are employed (include 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: | | | <input type="checkbox"/> Weekly | \$ | Monday | | |
| | | | <input type="checkbox"/> Bi-weekly* | \$ | Tuesday | | |
| | | | <input type="checkbox"/> Semi-monthly* | \$ | Wednesday | | |
| | | | <input type="checkbox"/> Monthly | \$ | Thursday | | |
| | | | <input type="checkbox"/> Annual | \$ | Friday | | |
| | | | | | Saturday | | |
| | | | | | Sunday | | |
| Total Gross Annual Earned Income: | | | \$ | Total Hours Worked Per Week: | | | |

| | | | | | | | |
|--|--|--|--|-------------------------------------|-----------|--|--|
| Additional Household Member 2: | | | <input type="checkbox"/> Weekly | \$ | Monday | | |
| | | | <input type="checkbox"/> Bi-weekly* | \$ | Tuesday | | |
| | | | <input type="checkbox"/> Semi-monthly* | \$ | Wednesday | | |
| | | | <input type="checkbox"/> Monthly | \$ | Thursday | | |
| | | | <input type="checkbox"/> Annual | \$ | Friday | | |
| | | | | | Saturday | | |
| | | | | | Sunday | | |
| Total Gross Annual Earned Income: | | | \$ | Total Hours Worked Per Week: | | | |

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

| |
|--|
| OFFICE USE ONLY |
| Total Gross Earned Household Income: \$ |

COMPLETE SECTION II IF YOU PAY CHILD SUPPORT TO SOMEONE

SECTION II. 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. These payment types are to be deducted or excluded from total family income.

| Authorized Deductions | Case/Account Number | Monthly Amount | | Annual Amount | Name of Family Member Making Payment | Date of Last Payment |
|---|---------------------|---------------------|------------------|---------------|---|----------------------|
| | | \$ ORDERED AMOUNT ↓ | \$ AMOUNT PAID ↓ | | | |
| Child support payments made pursuant to a court order | | \$ | \$ | \$ | | |
| Alimony paid pursuant to a court order | | \$ | \$ | \$ | | |
| | | | | \$ | Total Annual Authorized Deductions | |

COMPLETE OR USE N/A

SECTION III. 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.

| Y/N | Unearned Income Type | Case/Account Number | Monthly Amount | | Annual Amount | OFFICE USE ONLY Annualized | Name of Family Member Receiving Payment |
|-----------------|---|---------------------|---------------------|----------------------|---------------|----------------------------|---|
| | | | \$ ORDERED AMOUNT ↓ | \$ AMOUNT RECEIVED ↓ | | | |
| | Food Stamps benefits and Family Subsistence Supplemental Allowance (FSSA)** | | Exempt \$ | | Exempt \$ | Exempt \$ | |
| | Housing assistance, including Military Housing Assistance | | Exempt \$ | | Exempt \$ | Exempt \$ | |
| | TANF cash assistance | | Exempt \$ | | Exempt \$ | Exempt \$ | |
| | Relative Caregivers benefits | | \$ | | \$ | \$ | |
| | Dividends/Interest | | \$ | | \$ | \$ | |
| | Social Security Disability income | | \$ | | \$ | \$ | |
| | Supplemental Security Income (SSI) | | \$ | | \$ | \$ | |
| | Veteran's benefits | | \$ | | \$ | \$ | |
| | Retirement benefits-including Social Security, railroad retirement or other types of pensions not previously identified | | \$ | | \$ | \$ | |
| | Child Support received (list children) | | \$ | | \$ | \$ | |
| | | | \$ | | \$ | \$ | |
| | | | \$ | | \$ | \$ | |
| | Alimony received | | \$ | | \$ | \$ | |
| | Worker's Compensation benefits | | \$ | | \$ | \$ | |
| | Unemployment Compensation benefits | | \$ | | \$ | \$ | |
| | Income/money received from non-family members residing in the household | | \$ | | \$ | \$ | |
| | Other unearned income (list): | | \$ | | \$ | \$ | |
| | | | \$ | | \$ | \$ | |
| | | | | | | \$ | Total Annual Unearned Income |
| Staff Comments: | | | | | | \$ | OFFICE USE ONLY |
| | | | | | | | |

****Do not include in the calculation of Total Annual Unearned Income. For federal reporting purposes only.**

THIS SECTION FOR OFFICE USE ONLY

| | | |
|--|---|--|
| Total Annual Gross Income (Earned Income + Unearned Income – Deductions) | Household Size (Include parent(s), children, and related adults in the home) | Required Family Contribution/Parent Copayment |
| \$ | | \$ |

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) days.

| | | | |
|------------------------------|------|-------------------------------------|------|
| Signature of Parent/Guardian | Date | Signature of Eligibility Determiner | Date |
|------------------------------|------|-------------------------------------|------|

**READ & INITIAL EACH
STATEMENT**

**TERMS AND CONDITIONS & RIGHTS AND RESPONSIBILITIES FOR
THE ELIGIBILITY AND ENROLLMENT FOR SCHOOL READINESS FUNDS**

- I Agree The Parent/Guardian certifies that the information given in the application is true and complete to the best of his/her knowledge.
- I Agree The Parent/Guardian **agrees to notify Early Learning Coalition of Alachua County (ELCAC) of any change in the financial situation (job change, salary raise, or other) or living arrangements (divorce, marriage, or other) of the family. Notification of the change must be made in person at ELCAC and within ten (10) calendar days.** If the Parent/Guardian knowingly gives false information or fails to update any of the above listed information, he/she is liable for prosecution under state law.
- I Agree Parent/Guardian agrees to furnish their provider with the most recent certificate of eligibility received from our office. This certificate may reflect changes to existing care resulting from client changes reported to our office. This must be done by the close of the provider's next business day.
- I Agree The Parent/Guardian must recertify on or before the last date of services or services will be terminated. If this occurs, the Parent/Guardian will be responsible for payment of childcare costs after that date. If eligible the Parent/Guardian will have to apply for the waiting list.
- I Agree The Parent/Guardian gives consent to ELCAC, Department of Children and Families, the Division of Public Assistance Fraud and/or FDLE to request all information relating to the Parent/Guardian's eligibility for School Readiness services, medical benefits, and/or payments by the Social Security Administration, to make inquiries into all statements and information stated on the application and to share such information, if needed.
- I Agree The Parent/Guardian gives consent to ELCAC to engage in verbal, written, facsimile, and/or computerized communication for the child's pertinent records to be released for a specific and legitimate educational or medical interest without additional consent from Parent/Guardian or legal guardian. This consent includes, but is not limited to Department of Children and Families and its contracted partners, other childcare facilities, School Board of Alachua County, and medical professionals.
- I Agree The Parent/Guardian understands that it is his/her responsibility for the payment of any assessed parent copayment fee and that failure to pay such fees in a timely manner may result in the termination of services. The provider might assess additional fees also and *must provide parents with receipt of payments made.*
- I Agree The Parent/Guardian understands that if they or their children exhibit inappropriate behavior (including, but not limited to obscene language) in ELCAC's facility, their eligibility status will be reevaluated.
- I Agree The Parent/Guardian understands that ELCAC staff is mandated by state law to report any known or suspected physical abuse, sexual abuse, emotional abuse, neglect, and exploitative abuse of a child, disabled adult, or aged person to the state abuse hotline.
- I Agree The Parent/Guardian understands that he/she has the right to request a fair hearing if found ineligible for services or if terminated/suspended/reduced, or if dissatisfied with services provided by ELCAC.
- I Agree The Parent/Guardian understands that the selected child care facility must allow him/her access to the child(ren) while they are in care.
- I Agree The Parent/Guardian certifies that he/she has been offered a choice of child care providers using contracted providers or informal providers including relatives, neighbors (not applicable to Protective Services placement), or faith based programs.
- I Agree The Parent/Guardian has the right to expect that any information collected during business with ELCAC will remain confidential except for the necessary exchange of information to conduct official duties by staff or as specified elsewhere in this document.
- I Agree The Parent/Guardian has the right to not be discriminated against for race, color, creed, national origin, sex, political belief, disability, religious affiliation, or ethnic background.
- I Agree The Parent/Guardian understands that the School Readiness services are subject to the availability of funding and placement priorities.
- I Agree The Florida 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 processes 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 (i.e. employment records, unemployment benefits, TANF, child support, etc.).
- I Agree The Parent/Guardian has the right to inspect, review, and request a copy of their school readiness file upon confirming their identity as the record owner.

By signing I acknowledge that I have read and agree to all the terms and conditions and rights and responsibilities stated above.

Parent/Guardian Signature

Date

ELCAC Specialist

Date

**READ & INITIAL
EACH STATEMENT**

BG1 PARENT/GUARDIAN AGREEMENT FORM

- I Agree Parent/Guardian agrees to submit all earned and unearned income upon initial and recertification. Relative/nonrelative caregivers and foster parents are only required to submit income for the child such as adoption subsidy, child SSI and relative/nonrelative caregivers' or child TANF benefits. This **does not** include room and board rates paid to foster parents. **NEW*
- I Agree Parent/Guardian agrees that failure to submit income documentation will result in the highest parent copayment unless a valid waiver is approved. The parent copayment will be reassessed when proper income documentation is submitted. **NEW*
- I Agree At initial and redetermination, all at-risk families will be issued a certificate of eligibility reflecting 12 months of child care regardless of the end date on the referral received from your Protective Services case manager. **NEW*
- I Agree Parent/Guardian agrees that they must contact their Protective Services case manager to request that another childcare during the 12-month period to continue care under this funding group. **NEW*
- I Agree Parent/Guardian agrees that if they are ineligible for another childcare authorization (referral) and are not eligible to receive direct services through ELCAC, they may receive an additional 3 months of care under the at-risk category to reestablish a purpose. **NEW*
- I Agree Parent/Guardian agrees that they must notify their childcare provider when the protective services child(ren) under the age of school entry will be absent from care on any given day.
- I Agree Parent/Guardian agrees that the referring caseworker must be notified and is required to complete a Request to Transfer / Withdraw form prior to removing enrolled children under the age of school entry from the initially established child care setting.
- I Agree Parent/Guardian agrees that no reminders will be sent from Early Learning Coalition of Alachua County (ELCAC) for recertification due dates.
- I Agree Parent/Guardian agrees that ELCAC must only authorize hours based on the childcare authorization (referral) from the Protective Services case manager.
- I Agree Parent/Guardian agrees that ELCAC may not authorize childcare without a valid picture identification of the Parent/Guardian listed on the childcare authorization (referral) and only that person is authorized to establish or make changes to existing care.
- I Agree Parent/Guardian agrees that ELCAC is not responsible for obtaining any documentation of verification.
- I Agree Parent/Guardian agrees that ELCAC may only authorize ten (10) calendar days of childcare to submit any documentation not submitted at initial office visit. The Parent/Guardian must return to the office to submit the required documentation and then receive the remainder of the authorized care.
- I Agree Parent/Guardian agrees that if he/she requests a provider transfer a zero balance statement is needed from the current provider.
- I Agree Parent/Guardian agrees that their chosen provider has the right to charge additional fees not reimbursed through ELCAC.
- I Agree Parent/Guardian agrees that ELCAC must be contacted by email/phone within the following ten (10) calendar days when the child(ren) covered under the childcare authorization (referral) are no longer a part of their household.
- I Agree Parent/Guardian agrees that in order to transfer to the working parent program with ELCAC, the family must qualify based on the guidelines of the working parent program. This is subject to the availability of funding and placement priorities.

Parent/Guardian Signature: _____ Date: _____

ELCAC Specialist: _____ Date: _____

PARENT CODE OF CONDUCT

It is the Early Learning Coalition's (ELCAC) expectation that the business of the agency be conducted according to the highest ethical standards. In support of this expectation, a set of standards for conduct are essential for ELCAC's to prosper and receive the desired trust and respect of children, youth and families, employees, the Board of Directors, suppliers, and the community. The underlying principles of these standards are based on respect, courtesy, moral standards, and the law. These principles ensure the continued success of the services and programs provided by ELCAC. Staff is required to follow a code of conduct and we expect the parents we serve to do so as well.

The Parent Code of Conduct will include, but not be limited to, the following items:

- Parents will treat ELCAC staff members with respect, and follow agency procedures regarding disagreements and concerns by asking to speak to a supervisor. It is never appropriate for a parent to threaten a staff member in any way.
- Parents will address misbehaviors of their own children in the ELCAC office in a positive way. No physical or harsh verbal punishment of children is allowed here. This includes, but is not limited to, striking your child in any way, cursing at your child, or threatening your child. If your child is disruptive to other parents conducting business at ELCAC, you should reschedule your appointment.
- When in the presence of children in the lobby, parents will use language appropriate for young children to hear. Cursing/swearing is not allowed.
- To support a safe, happy environment for our children, parents will address problems with other parents and staff in a quiet, private manner in a designated interview area, not in the parent lobby.
- Parents must keep their children with them at all times at the office. When a parent moves from the lobby to an interview room, your child is welcome to bring toys and books to the interview room. Children must not be left unattended in the lobby. Parents who leave the office temporarily must take children with them.
- A changing table is available for you, please use it as needed and take the used diapers with you in the provided bags.
- Parents will clean up after themselves and their child and not bring drinks or food into the office.

Failure to comply with the expectations outlined may result in a supervisor approaching the family involved to address the issue of concern. It is not our wish to exclude or terminate the enrollment of any child or family. If the situation arises, however, that places staff, children, or other customers at risk; the Early Learning Coalition reserves the right to ask a parent to leave our offices and to re-evaluate the enrollment status of a family.

Signature of Parent

Date

Signature of Staff

Date



4424 NW 13th Street A5
Gainesville FL 32609
352-375-4110
fax 352-375-4131

SCREENING/ASSESSMENT CONSENT FORM

Please do not list children older than 5 years old

I, _____ give my permission for the child(ren) listed below:
(please print)

| Name | Date of Birth | Social Sec # | Child Care Provider |
|-------------|----------------------|---------------------|----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

to be observed and to receive a health and developmental screening/assessment which includes vision, hearing, speech, language, motor, social, emotional and developmental skills according to Early Learning Coalition of Alachua County's guidelines. I understand that upon completion of the screening/assessment, the results will be shared with me.

Parent/Guardian Signature _____

Date _____



SUBSIDIZED CHILDCARE SATISFACTION SURVEY

Your opinion is very important to us! Please help us evaluate the Early Learning Coalition and your childcare services by letting us know how satisfied you are.

Reason for Visit: _____

Date: _____ **Name:** _____ **Provider:** _____
(Optional) (Optional)

Did you utilize any of the community service referrals, such as Adult Education, Housing, Transportation, Health Insurance, or others; we shared with you at your last visit?

Yes No Not Applicable

Please respond to each statement by checking ONE of the choices:

| | Always | Most Often | Often | Sometimes | Never | N/A |
|---|--------|------------|-------|-----------|-------|-----|
| I am satisfied with the way I am treated when I call or come into ELC of Alachua County. | | | | | | |
| Different types of childcare were explained to me. | | | | | | |
| Through ELC, I had the chance to choose the childcare I wanted. | | | | | | |
| When I asked about other childcare services, i.e., PreK, Head Start, and Social Services agencies, ELCAC helped me. | | | | | | |
| I am happy with the provider that takes care of my child(ren). | | | | | | |
| The provider that takes care of my child(ren) talks to me about my child(ren). | | | | | | |
| The provider that takes care of my child(ren) seems interested in my child(ren). | | | | | | |
| When I tell someone at the childcare center/home about my childcare concerns, they respond positively. | | | | | | |
| Overall, my child(ren) seems happy in his/her childcare arrangement. | | | | | | |
| I believe if I were unhappy with my childcare, ELCAC would help me find a new provider. | | | | | | |
| All things considered, I am satisfied with the services I received at ELC of Alachua County. | | | | | | |

Please give us any comments regarding your services from ELC of Alachua County and state any improvements you would like to see made to the program (use reverse side if needed).

"We often think that admitting struggle is a sign of weakness, but we all struggle sometimes. We all get overwhelmed sometimes. We need help sometimes. Acknowledging this is not a sign of weakness, but struggling alone is a choice to grow weak." – Lori Deschene



4424 NW 13th Street A5
 Gainesville, FL 32609
 Ph: 352-375-4110 Fax: 352-375-4131

Strengthening Families <http://www.cssp.org/reform/strengtheningfamilies>

Date: _____ Name: _____
 Referral Requested: Immediately? _____ Email? _____
 Email: _____

Please complete this Section



Mission: ELCAC has resources to share with you and your family that are designed to build protective and promotive factors to reduce risk and create optimal outcomes for all children, youth, and families.

Please mark the topics that are of interest to you and your family and a Parent Support Specialist will provide you with the information you requested as well as other resources and referrals in your community.

Requesting additional information listed below is **OPTIONAL** and **CONFIDENTIAL**

| Protective & Promotive Factors | CCR&R EFS | Resources |
|--|---------------------------|--|
| Parenting / Child Development <ul style="list-style-type: none"> Understand what to expect at different stages of child development. Effective parenting skills and ways of finding help with specific developmental and behavioral problems | Parent Education | <input type="checkbox"/> Adult Ed./ESOL <input type="checkbox"/> College/Training <input type="checkbox"/> Parenting Classes <input type="checkbox"/> Breast Feeding <input type="checkbox"/> Basic Nutrition <input type="checkbox"/> Weight Control for Family <input type="checkbox"/> Safety in the Home <input type="checkbox"/> Prenatal Care |
| Social Connections <ul style="list-style-type: none"> Network of people, agencies and organizations that provide emotional support and concrete assistance. | Financial Assistance | <input type="checkbox"/> Child Support/Enforcement <input type="checkbox"/> Health Insurance <input type="checkbox"/> Social Security <input type="checkbox"/> TANF <input type="checkbox"/> AFDC <input type="checkbox"/> Tax Information |
| Social and Emotional Competence <ul style="list-style-type: none"> Help children interact positively with others. Help children communicate their emotions and feel good about themselves. | Special Needs / Inclusion | <input type="checkbox"/> Behavior Challenges <input type="checkbox"/> Hearing / Vision Challenges <input type="checkbox"/> Speech / Language Challenges <input type="checkbox"/> Physical Disability / Delay <input type="checkbox"/> Special Health Care Needs <input type="checkbox"/> Autism Spectrum Disorders <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> ADHD/ADD <input type="checkbox"/> Others |
| Concrete Support <ul style="list-style-type: none"> Skills and tools to access formal and informal services and support from social network in times of family crisis. | Emergency Family Services | <input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Housing/Section 8 <input type="checkbox"/> Food/Clothing <input type="checkbox"/> Utilities/Budget <input type="checkbox"/> Transportation |
| Parental / Youth Resilience <ul style="list-style-type: none"> Maintain positive attitude. Cope with, creatively solve, and recover and grow from challenges in one's personal life and parenting experience. | Parent/Child Information | <input type="checkbox"/> Lifestyles & Family <input type="checkbox"/> Effects of Media <input type="checkbox"/> Preparing Child(ren) for school <input type="checkbox"/> Back Up Childcare Options <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Marriage Counseling <input type="checkbox"/> Stress <input type="checkbox"/> Time Management |
| | Other Referrals | <input type="checkbox"/> STD Information |
| | | <input type="checkbox"/> VPK <input type="checkbox"/> Head Start <input type="checkbox"/> School Readiness Only |

FOR ELCAC USE ONLY

Information Entered:

Parent Support Specialist _____

Date _____

Initials _____