

Request for Cross- County Transfer of School Readiness Services

This form confirms the request to transfer Active School Readiness services between Coalitions in the State of Florida. Upon receipt of this request, ELCAC will initiate contact with the corresponding Coalition to transfer all necessary documents. If you are relocating to Alachua County you will be notified via email when an appointment is permitted. **IF YOU ARE A CURRENT ALACHUA COUNTY RESIDENT REQUESTING TO TRANSFER, SECTION II MUST BE COMPLETED BY YOUR CHILD CARE PROVIDER.**

**\*\*\* PLEASE BE ADVISED THAT THIS PROCESS INCLUDES THE TRANSFER OF DOCUMENTS FROM ONE COALITION TO ANOTHER. PRIOR TO THE NEW COALITION RECEIVING THESE DOCUMENTS, THE STATE MUST AUTHORIZE THE NEW SERVICE COALITION ACCESS TO THEM. PLEASE BE ADVISED THAT THIS PROCESS COULD TAKE UP TO 14 DAYS. \*\*\***

**Section I: TO BE COMPLETED BY PARENT**

Parent Name(s)

Parent 1:	Parent 2:
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Child(ren) in the household

Name:	DOB:	Services needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	DOB:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	DOB:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	DOB:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	DOB:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Information:

Phone number:	Email address:
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Originating (Previous) County:	New Service County:
Last day of services:	Anticipated relocation date:

My signature below confirms that the information above is true and correct to the best of my ability. I also authorize ELCAC to share information with the Coalition in my new service area as needed to complete the transfer process.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II REQUIRED: TO BE COMPLETED BY CURRENT CHILD CARE PROVIDER**

Center/Home Name: _____	Last day attended: _____
Coalition Parent Fee Paid in Full? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, balance owed \$ _____	
My signature confirms my notification of the transfer of School Readiness Services.	
Director Signature: _____	Date: _____