

Eligibility Verification Documents

PROOF OF ADDRESS (select one)

- Current pay stub
- Utility bill (electric, gas, water), cable, internet, and landline phone dated within 12 months
- Lease agreement (including signature page) or rent receipt dated within 12 months
- Government-issued document (ID)
- Military order for the service member in the U.S. Armed Forces
- If living with someone – provide their residency document & a notarized statement written by homeowner confirming their address & that you & the child(ren) live in their home

CHILD DOCUMENTATION

Citizenship, age, & guardianship (any of these documents fulfills all requirements):

- U.S. Birth Certificate

Age only:

- Immunization record (signed/stamped by public health officer/licensed physician)
- Certificate of Baptism (including affidavit)
- Child life insurance policy (in force for at least 2 years)
- Guardianship (court ordered)
- U.S. Passport

PARENT/GUARDIAN DOCUMENTATION

Identification:

- Florida Driver's License
- Valid picture identification (government issued)

PURPOSE FOR CARE ELIGIBILITY

PROVIDE DOCUMENTATION FOR ANY OF THE FOLLOWING FOR A SINGLE OR TWO-PARENT FAMILY:

Employment:

- Current and consecutive pay stub(s) (4 weekly – 2 biweekly/semi-monthly – 1 monthly)
- Verification of Employment form
- Self-employment (any of the following): business account ledgers (4 weeks); written documentation from customers/contractors (4 weeks); OR federal tax returns

Exempt from Work:

- Current Social Security Disability Award Letter with description of reason the income is awarded / Practicing licensed physician disability statement
- Retirement income benefits from the U.S. Social Security Administrator / Documentation from a licensed physician

Education:

Limited to GED programs, secondary educational programs, technical or vocational programs. A.A. (associates of arts), A.S. (associate of science), B.A (Bachelor of Arts), & B.S. (Bachelor of Science).

- Official current school schedule from an accredited education institution
- School Verification form

Child Care Application and Authorization Referral:

- Original referral authorized from CAREERSOURCE or PARTNERSHIP or ANOTHER COMMUNITY AGENCY signed by both you & your caseworker within the last 10 days

OTHER INCOME (IF APPLICABLE)

- Social Security benefits / Supplemental Security Income (SSI)
- Reemployment assistance / Reemployment compensation benefits
- Temporary cash assistance
- Child Support / Alimony / Adoption subsidy
- Worker's compensation benefits
- Veteran benefits / Retirement benefits

LOCAL FORMS

- Authorization to Release
- Anti-Fraud Acknowledgement
- Verification of Separation

