



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

AUTHORIZATION TO RELEASE INFORMATION

*Parent or Guardian Name: _____

Date of Birth: _____ **Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I do hereby authorize to furnish the requested information to:

NAME: Early Learning Coalition of Alachua County

ADDRESS: 4424 NW 13th Street A-5

CITY: Gainesville **STATE:** Florida **ZIP CODE:** 32609

Any information concerning the age, residence, citizenship, employment, applications for employment, education and training activities, income, resources and any additional information involving eligibility of public assistance for myself and/or those individuals on whose behalf public assistance benefits are paid to me. It is understood that the information obtained will be used only for the purposes directly related to the eligibility of individuals on the public assistance case.

PARENT OR GUARDIAN'S SIGNATURE: _____

DATE SIGNED: _____ (Valid for 48 months from date signed)

*Please have an Authorization of Release Information Form signed for each participating member of your household who is over the age of 18.

**SSN Optional

What is **FRAUD**?

Fraud is an intentional deception, omission, or misrepresentation made by a person with knowledge that the deception, omission, or misrepresentation may result in unauthorized benefit to that person or another person, or any aiding and abetting of the omission of such an act. The term includes any act that constitutes fraud under applicable federal or state law.

What are some examples of **FRAUD**?

- Parent signature on Provider attendance records (sign in/out) when child/ren was not present
- Inconsistent information reported to other government programs.
- Multiple and recent child births by non-custodial parent not paying court-ordered support to the family.
- Name of second parent who the client states is not in the home continues to appear on client's official documentation
- Handwriting on documents from others resembling that of the client.

Did **YOU** know?

As a client it is your responsibility to report any household changes within 10 days? Your child care services can be suspended, terminated, and you will be asked to pay restitution of any overpaid benefits if you commit fraud by failing to disclose, provide false information, or fail to notify ELCAC of any changes to the following:

- Employment Status
- Income from all sources (earned and unearned)
- Educational Activity
- Family Size
- Marital Status
- Change in address

How do you **REPORT CHANGES** in your household?

In order to gain access to the Eligibility Verification Wizard (EV Wizard) to recertify your care, report a change or to request an enrollment/provider transfer, please email eligibility@elcalachua.org. Please be sure your email includes your name and description of your request. All requests will be processed within 3 business days.

What **SHOULD** I do if I **SUSPECT** fraud is being committed?

Whether it is a member of your family, a neighbor, friend or someone you don't know, public assistance fraud is not a victimless crime. Real people, real families are hurt when public benefits are provided to unqualified individuals who use fraudulent information or references. School Readiness is supported by State and Federal taxes and because of this; we are obligated to be good stewards of the funding. If you are aware of an individual committing fraud against the School Readiness and/or Voluntary Prekindergarten Programs, please contact ELCAC by calling (352) 375-4110 ext. 104.

All information provided will remain confidential.

Signature of Parent/Guardian

Date

"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



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

Please complete this Section



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

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	Other
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	
Social Connections <ul style="list-style-type: none"> Network of people, agencies and organizations that provide emotional support and concrete assistance. 	Financial Assistance	
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	
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	
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	
	Other Referrals	

FOR ELCAC USE ONLY

Information Entered:

Parent Support Specialist

Date

Initials