

Eligibility Verification Documents

PROOF OF ADDRESS (select one)

 \Box 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

 \Box 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- there is a form available for this- see website

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 (if new job)

 \Box Self-employment (any of the following): Self-employment packet with business account ledgers (4 weeks); written documentation from customers/contractors (4 weeks); federal tax returns

Exempt from Work:

 \Box Current Social Security Disability Award Letter with description of reason the income is awarded / Practicing licensed physician disability statement

 $\Box Retirement$ 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).

 \Box Official current school schedule from accredited education institution- must reflect credit hours & start/end date \Box School Verification form- must reflect credit hours & start/end date

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

 \Box Veteran benefits / Retirement benefits

LOCAL FORMS

□Authorization to Release

□Anti-Fraud Acknowledgement

□Verification of Separation

