Application for Child Care Funding

Using blue or black ink, please complete sections A, B, and C, then sign and date. *Do not use white-out.*

COALITION USE ONLY			
ELIGIBILITY:	Funding Agency	Funding Contract	Eligibility
AUTHORIZATION DATES:	Eligibility Authorized From	Next Redetermination Date	Purpose for Care

A. PARENT/GUARDIAN IDENTIFYING INFORMATION

Applicant Last Name First Name MI		Date of Birth	Gender ☐M ☐F	Race	Social Security Number (optional)
Primary Phone Number	Work Phone Number	Email Address			Marital Status
Street Address City County State Zip					Family Size in Household
Mailing Address (*if different*) City County State Zip					Primary Language in Home
Other Parent/Guardian Name (*if in household*)		Date of Birth	Gender ☐M ☐F	Race	Social Security Number (optional)

B. CHILDREN REQUIRING CARE

Name of Child Needing Care	*Applicant's Relationship*	*Gender*	*Race*	*U.S. Citizen*	*Social Security Number(optional)*	*Date of Birth*	*Second Parent (if not in household)*	COALITION *Daily Fee FT / PT*
		☐M ☐F		☐Y ☐N			Name: City: State:	
		☐M ☐F		☐Y ☐N			Name: City: State:	
		☐M ☐F		☐Y ☐N			Name: City: State:	
		☐M ☐F		☐Y ☐N			Name: City: State:	

C. OTHER HOUSEHOLD MEMBERS

Name	*Date of Birth*	*Gender*	*Race*	*Relationship to Applicant*	*Relationship to Children Above*
		☐M ☐F			
		☐M ☐F			

You have the right to apply for assistance and to have a determination of your eligibility without regard to race, sex, age, disability, religion, national origin, ethnic background, marital status or political belief. If you have a disability that substantially limits your access to the ELC, please inform us so that reasonable accommodations can be made that do not cause you undue burden or hardship.

PRIVACY ACT STATEMENT: Social Security numbers are requested on this form under s.119.071 (5)(a)2., F.S., for the use in the records and data system of the Florida Office of Early Learning 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 certify that the above information is true and complete to the best of my knowledge.

_____ _____

Client Signature Date

_____ _____

ELC Eligibility Specialist Date