



EARLY CHILDHOOD SCHOOL READINESS PROGRAMS RBM CHECKLIST

Dear Parent/Guardian:

You have selected to send your RBM packet by:

- FAX: (813) 915-3236**

- MAIL or DROP BOX: School Readiness, 9309 N. Florida Ave., # 104, Tampa, Florida 33612**

All forms must be signed, dated and completed in its entirety and returned. Only **blue/black** ink is acceptable.

Please check each box below as you complete each form.

SECTION A: SR RBM Packet Forms to complete

- Client Application
- Terms and Conditions
- Income Worksheet for Eligibility and Parent Copayments
 - Section I
 - Section II
 - Section III (*if applicable*)
 - Signature of Parent/Guardian and date
- Child Support Verification (*Court Order, Voluntary and/or Non-Receipt for each child residing in the home*)
- RBM Request to Change Status w/ supporting documentation (*if applicable*)

SECTION B: Verification for Purpose of Care

For both earned and unearned income for yourself and your spouse (spouse, if applicable) please attach the following:

- Verification of Income (*if applicable*)
 - Attach last six (6) weeks of pay stubs, or Verification of Employment Form/Letter completed by employer
 - If self-employed submit receipts, employment log, business license and recent tax return.
- Verification of Education Activity (*if applicable*)
 - Attach current school transcript
- Verification of Disability (*if applicable*)
 - Attach current Social Security Award Letter
- Verification of Food Stamps and Housing (*if applicable*)
- Proof of all other household income: alimony, adoption benefits, social security benefits, TANF, veteran benefits, unemployment, worker's compensation, retirement benefits, income received from other sources. (*If applicable*)

Please take a moment and check each box to ensure that you have completed and signed each form and included any additional needed information.

➤ **Incomplete or missing paperwork may lead to termination of payment for child care assistance.**

If you have any suggestions, comments or questions regarding your RBM packet or RBM procedures, please contact: (813) 915-3200 ext.: 237.

Thank you for your cooperation.

School Readiness (SR) Parent Recertification Process

*****IT IS IMPORTANT TO READ THIS PAGE BEFORE COMPLETING YOUR PACKET*****

In order for this recertification to be successful, you must comply fully with all requirements as detailed below. You must complete ALL forms requested in their entirety. Each question must be answered in full. If a question is not applicable to you, you must write N/A. **Failure to complete this process will result in loss of child care assistance.**

RBM (Recertification By Mail) packets can be mailed, dropped off or faxed to the School Readiness RBM department.

- The RBM packet must be received at least **ten (10) business** days prior to the recertification date.

If the packet is not received ten (10) business days prior to the recertification date, you must come in to any of the School Readiness Satellite offices. Client services are walk-in and on a first-come, first-served basis. Depending on client volume, sign-in may be limited, therefore, there is no guarantee that you will be served on the day that you come in.

DON'T FORGET! If you have not heard from our program ten days **before your recertification date**, you are responsible to call and ask about your status.

*****All forms must be signed, dated and completed in its entirety and returned. Only blue/black ink is acceptable.*****

1. **Client Application form:** Your signature on this document also serves as the signature on the computer generated “**Eligibility and Enrollment Form for School Readiness**” Services.
2. **Income Worksheet for Eligibility and Parent Copayments:** Required by State that parent/guardian complete and sign and date the bottom of page 2. This is in addition to the employment and earned/unearned income verification required below.
3. **Verification of Receipt of Child Support (Court Ordered and/or Voluntary for all children residing in the home):** supporting documentation must be returned for the last 6-8 weeks of payment: If payments are received: Weekly: must provide last six (6), Bi-Weekly: must provide last three (3), Semi-Monthly: must provide last four (4), or Monthly: must provide last two (2).
4. **Verification of Non-Receipt of Child Support (Include all children residing in the home):** if child support is court ordered but it is not received, additional documentation is required (i.e. Family Law Case History, clerk of court, court order depository number, myfloridacounty.com payment history)
5. **Proof of Employment:** Must be employed and/or in an educational activity a minimum of 20 hours a week Check stubs/receipts must include: hours worked, hourly rate, pay frequency, the name of the parent/guardian and 2nd parent/guardian, if applicable and the employer information (name, address and signature) must be legible on all stubs/receipts. If you do not have the required check stubs/receipts, your employer must complete a “Verification of Employment” (VOE) form. Call the extension listed below to request a “VOE” form or download from the SR website*. Check stubs/receipts or the “VOE” form must be provided prior to your recertification date, failure to do so will result in the termination of your child care services. If you have a change of employment during the recertification period and have not reported it, you must call the extension listed below to request a “Verification of Loss of Employment” form. If you are employed by a business and are paid in cash or personal check, you must provide a copy of the occupational/business license. The business must be legally operating and the license must be active. If a loss of employment is not reported within the specified time frame 10 calendar days, sanction penalties will be imposed.

If your pay frequency is:

- ❖ **Weekly:** copies of your most **current** check stubs for six (6) consecutive weeks.
- ❖ **Bi-weekly:** copies of your most **current** check stubs for three (3) consecutive pay periods.
- ❖ **Semi-monthly:** copies of your most **current** check stubs for four (4) consecutive pay periods.
- ❖ **Monthly:** copies of your most **current** check stubs for two (2) consecutive pay periods.

If you are **self-employed** you may submit receipts, employment log, occupational/business license and your **recent** tax return only if it is within the months of January-April of the current tax year.

6. **Verification of Education activity** - documentation must include name of the facility, begin and end date, class schedule, and signature of facility representative. *(if applicable)*
7. **Work Schedule Change:** letter from employer or “Verification of Employment Schedule” form* must be provided if there is a change in schedule and care is needed for evening, weekend, or over night shift.
8. **Proof of any other household income:** Social Security, SSI, TANF, Food Stamps, Housing, etc... *(if applicable)*
9. **RBM Request to Change Status form:** Please attach relevant documentation to verify the change *(if applicable)*

*Additional forms can be found @ www.sdhc.k12.fl.us/doc/list/early-childhood/documents-forms/153-711.

THE FOLLOWING ITEMS CAN LEAD TO TERMINATION OF PAYMENT FOR CHILD CARE ASSISTANCE:

1. Paperwork sent in later or not received by the recertification date stated on the Cover Letter (RBM). If your paperwork is not returned by the recertification deadline, you or the provider will **not** receive any further notification; the Cover Letter (RBM) serves as your termination notice. Paperwork will be considered as received if it was mailed to the address on file.
2. Incomplete or missing paperwork.

If you have any questions regarding your packet, please contact: (813) 915-3200 ext. 237.



School Readiness Programs

CLIENT APPLICATION

SSN is not required for eligibility and services will not be denied due to failure to provide a SSN***

Family Information if living in the household- Must be Completed* ***See Back Side for Privacy Act Statement**

Name/Social Security Number***	Date of Birth	Gender M / F (circle one)	Ethnicity/Race Circle all that apply *(see box below)	Place of Employment or School
(A1) Parent/Guardian Name _____ SS#*** _____		M or F	H / Non- H W B A H A I	Employer/School: _____ Address _____ Telephone # (_____) _____
(A2) Parent/Guardian Name _____ SS#*** _____		M or F	H / Non- H W B A H A I	Employer/School: _____ Address: _____ Telephone # (_____) _____

***Ethnicity – Hispanic or Non-Hispanic Race – White / Black / Asian / Hawaiian / American Indian**

Home Address: (documentation required) _____ Apt / Lot # _____
 City/State/Zip Code: _____
 Mailing Address (If Different from Home Address): _____ City/State/Zip Code: _____
 Home Phone: () _____ Other Phone: () _____ Cell Phone: () _____
 Email: _____
 Primary Language Spoke at home: Bosnian Chinese Creole English French Other Polish Sign Language Spanish Vietnamese
 (circle one)
 If you would like to receive a list of child care providers, please place a check mark _____

List all children in the household requiring child care– ALL INFORMATION MUST BE COMPLETED

Legal Name (First and Last Name)	Date of Birth	Gender M / F (circle one)	Ethnicity/ Race Circle all that apply *	Social Security Number***	Is the child a USA citizen or legal alien (circle one)	Child Related to A1 or A2 (See family info above) (circle one)	Relationship to child (See codes below)	Child's Current Grade Level (if applicable)
1.		M or F	H / Non H W B A H A I		Yes or No	A1 or A2		
2.		M or F	H / Non H W B A H A I		Yes or No	A1 or A2		
3.		M or F	H / Non H W B A H A I		Yes or No	A1 or A2		
4.		M or F	H / Non H W B A H A I		Yes or No	A1 or A2		

Codes: C = Natural/Adopted Child G = Grandchild N = Niece/Nephew F = Foster O = Other S = Sibling

Household Information MUST BE COMPLETED

Family unit means parent(s) living together, their minor children and any other children for whom the parents are legally responsible. A family unit may also include any additional related adults who reside with the family and whom the family supports financially. If counted as part of the family unit, you must include each person's countable income (earned or unearned).

How many people in your family unit? _____ Adults _____ Children _____

Client's Legal Marital Status: Married Single Separated Divorced Widowed

(Initial one of the two statements below)

(Initial if applicable) _____ I certify that I am not living with the child (ren)'s mother / father

(Initial if applicable) _____ I certify that I am living with the child (ren)'s mother / father.

Names of Other Household Residents	Date of Birth	Gender M / F (circle one)	Social Security Number***	Resident is currently enrolled in School? (circle one)	Resident Contributes Financially to Household? (circle one)	Relationship to Applicant	Relationship to Each Child in the Section Above
1.		M or F		Yes or No	Yes or No		
2.		M or F		Yes or No	Yes or No		

**School Readiness Programs Client Application
TERMS AND CONDITIONS**

Provisions of School Readiness services are subject to eligibility requirements, availability of funding, and enrollment priorities. It is a parent's right to confidentiality of child information and the right to inspect, review and request a copy of his or her child's SR record. Parents have the right not to be discriminated based on race, national origin, ethnic background, sex, religious affiliation or disability.

Please place your initials in each section below to indicate that you have read, understand and accept each of the following terms and conditions:

_____ The parent /caregiver/guardian understands that the Florida's Office of Early Learning and the Early Learning Coalition has the right to initiate and/or receive data either through direct contact or an automated data exchange process to establish the validity of household information provided by the applicant/recipient to receive program benefits. This will include but not necessarily be limited to: social security benefits, birth dates, immunization status and/or all sources of potential and reported earned and unearned income sources. (Employment records, unemployment benefits TANF, Child Support, etc.)

_____ The parent/caregiver/guardian gives consent, if determined eligible, to the School Readiness Agency and/or the Department of Financial Assistance/Division of Public Assistance Fraud to request all information relating to his/her eligibility and to make inquiry into all statements of information given. I understand that if I give false information, sign inaccurate attendance documents or fail to report changes in my circumstances, my case may be referred to the Department of Financial Assistance/Division of Public Assistance Fraud for action and possible prosecution.

_____ The parent/caregiver/guardian understands, if determined eligible and service is terminated, suspended or reduced; or if a parent/caregiver/guardian is dissatisfied with any service, he/she has the right to request a fair hearing and right to appeal decisions.

_____ The parent/caregiver/guardian understands that if determined eligible, any facility the parent selects must allow the parent/caregiver/guardian to visit the child while in care.

_____ The parent/caregiver/guardian understands that if employed at the same child care facility the child attends, direct care can not be provided to the child; the care must be provided by another classroom teacher. The parent/caregiver/guardian also understands that if employed by a family child care home, the child can not attend the same facility.

_____ The parent/caregiver/guardian understands, if determined eligible he/she may freely select the type of care as defined in the Parent Placement Options that best meets the needs of the child (ren) and family as applicable within the funding requirements for which he/she is eligible.

_____ The parent/caregiver/guardian understands and agrees, if determined eligible, to sign the child (ren) in and out daily from their chosen legal child care arrangement. Parent signature may not be pre-signed or dated prior to the last day of attendance for the month. I also agree that I am responsible to pay the parent copayment in a timely manner and that the School Readiness agency will not be held responsible for any rates exceeding the allowable maximum or any additional charges. A parent/caregiver/guardian may not transfer school readiness program services to another school readiness program provider until the parent/caregiver/guardian has submitted documentation from the current school readiness program provider stating that the parent/caregiver/guardian has satisfactorily fulfilled copayment obligation.

_____ The parent/caregiver/guardian certifies receipt of the "Early Childhood Expectations", "211 – Community Resource Guide", Voluntary Prekindergarten information and literacy tips/guides.

_____ The parent/caregiver/guardian understands he/she has the right to be notified if, as a result of any redetermination, the child/ren is determined ineligible for financial assistance.

_____ The parent/caregiver/guardian certifies that the information given is true and complete to the best of the parent/caregiver/guardian's knowledge. You must submit in writing to the School Readiness Program within **10 calendar days** any changes in **income, employment, family size, address or any other information which could affect possible school readiness assistance eligibility. Failure to do so will lead to the termination of your child care services. If a loss of employment is not reported within the specified time frame, sanction penalties will be imposed.** It is also your responsibility, if determined eligible, to recertify for your school readiness assistance prior to the end of your authorization period. If you do not, your school readiness assistance will be terminated the day following the end of the authorization period.

The parent/caregiver/guardian understands that, if determined eligible for School Readiness subsidy, non-school age child (ren) will receive a developmental screening designed to access their current developmental level.

If you do not wish to have your child screened, you must request and sign the "Parent Option to Decline Child Screening" form.

Privacy Act Statement:

Social security numbers are requested on this form under s. 119.071(5) (a) 2., F.S., for use in the records and data systems 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.

By signing below, I acknowledge that I have reported on the School Readiness Programs Client Application form all income of my household and that all of the information I have provided is true and correct and have received a copy of these terms and conditions. I agree that my signature on file serves as my signature on the Child Care Certificate and Pre-Authorization Child Care Certificate and the (SR 100) – Income Worksheet. I also agree that my signature on file may be used for up to 12 months from the date below when reported changes result in an updated computer generated Application and Income Worksheet.

_____ Date: _____
Parent/Caregiver/Guardian Signature

Signature of Staff verifying completion of this form _____

Print Name _____

The Office of Early Learning
INCOME WORKSHEET for Eligibility and Parent Copayments

SECTION I. EARNED INCOME

Complete the following information about each adult family member in the household who is employed or participating in education. Provide proof of all income and/or participation in education/training declared on this form. Provide proof of all payments received with this form. If payments are received: **Weekly**: must provide last six (6), **Bi-Weekly**- must provide last three (3) **Semi-Monthly**- must provide last four (4), or **Monthly**- must provide last two (2).

Check One: **Single Parent Household** **Two-Parent Household**

Parent(s) with whom the child resides (includes parents by marriage or adoption)

Name of Person Who Works	Name, Address and Telephone Number of Employer(s)	Occupation	Gross Earned Income (before taxes)		Weekly Work Schedule		
			Frequency	Amount	Day of Week	From	To
Parent 1:			<input type="checkbox"/> Hourly	\$	Monday		
			<input type="checkbox"/> Weekly	\$	Tuesday		
			<input type="checkbox"/> Bi-weekly*	\$	Wednesday		
			<input type="checkbox"/> Semi-monthly*	\$	Thursday		
			<input type="checkbox"/> Monthly	\$	Friday		
			<input type="checkbox"/> Annual	\$	Saturday		
			<input type="checkbox"/> Annual	\$	Sunday		
Total Gross Annual Earned Income:			\$		Total Hours Worked Per Week:		

<input type="checkbox"/> Education	Name, Address and Telephone Number of School:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Other	Total Classroom/Lab Hours Per Week:	
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Parent 2:			<input type="checkbox"/> Hourly	\$	Monday		
			<input type="checkbox"/> Weekly	\$	Tuesday		
			<input type="checkbox"/> Bi-weekly*	\$	Wednesday		
			<input type="checkbox"/> Semi-monthly*	\$	Thursday		
			<input type="checkbox"/> Monthly	\$	Friday		
			<input type="checkbox"/> Annual	\$	Saturday		
			<input type="checkbox"/> Annual	\$	Sunday		
Total Gross Annual Earned Income:			\$		Total Hours Worked Per Week:		

<input type="checkbox"/> Education	Name, Address and Telephone Number of School:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Other	Total Classroom/Lab Hours Per Week:	
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Additional adult family members in the home who are employed (includes children over 18 who are not enrolled as full-time students in secondary schools** or their equivalent and related adults who are supported by the family).

Additional Household Member 1:			<input type="checkbox"/> Hourly	\$	Monday		
			<input type="checkbox"/> Weekly	\$	Tuesday		
			<input type="checkbox"/> Bi-weekly*	\$	Wednesday		
			<input type="checkbox"/> Semi-monthly	\$	Thursday		
			<input type="checkbox"/> Monthly	\$	Friday		
			<input type="checkbox"/> Annual	\$	Saturday		
			<input type="checkbox"/> Annual	\$	Sunday		
Total Gross Annual Earned Income:			\$		Total Hours Worked Per Week:		

Additional Household Member 2:			<input type="checkbox"/> Hourly	\$	Monday		
			<input type="checkbox"/> Weekly	\$	Tuesday		
			<input type="checkbox"/> Bi-weekly*	\$	Wednesday		
			<input type="checkbox"/> Semi-monthly	\$	Thursday		
			<input type="checkbox"/> Monthly	\$	Friday		
			<input type="checkbox"/> Annual	\$	Saturday		
			<input type="checkbox"/> Annual	\$	Sunday		
Total Gross Annual Earned Income:			\$		Total Hours Worked Per Week:		

* Biweekly means paid every other week; Semi-monthly means paid twice per month

** A school that is intermediate in level between elementary school and college includes middle/high, vocational/technical, and college-prep schools

SECTION II. UNEARNED INCOME

If any family member **receives** any of the following type of unearned income (or benefits), **check** the type of benefits received. Enter the case or account number, the amount received, and the name of the family member receiving the payment. Provide proof of all payments received with this form. If payments are received: **Weekly**: must provide last six (6), **Bi-Weekly**- must provide last three (3) **Semi-Monthly**- must provide last four (4), or **Monthly**- must provide last two (2).

Unearned Income Type	Case/Account Number	Monthly Amount Received	Annual Amount Received	Name of Family Member Receiving Payment
Adoption Subsidy Payments		\$	\$	
Alimony received		\$	\$	
Cash (Income/money received from non- family members residing in the household)				
Child Care benefits				
Child Support received (if multiple payments, list each separately):		\$	\$	
1.		\$	\$	
2.		\$	\$	
3.		\$	\$	
Economic Stimulus				
Food Stamps benefits		\$	\$	
Foster Care payments		\$	\$	
Housing assistance from HUD issued directly to a landlord (and utilities)		\$	\$	
Housing assistance from HUD issued directly to member of the household (and utilities)		\$	\$	
Military Food Assistance				
Military FSSA housing assistance		\$	\$	
Pension benefits				
Relative Caregiver benefits		\$	\$	
Retirement benefits (SSA)		\$	\$	
Social Security Benefits		\$	\$	
SSA Survivor Benefits for child				
Social Security Disability income for client		\$	\$	
Supplemental Security Income for client (SSI)		\$	\$	
Supplemental Security Income for child (SSIC)				
TANF cash assistance		\$	\$	
Unemployment Compensation benefits		\$	\$	
Veteran's benefits		\$	\$	
Worker's Compensation benefits		\$	\$	
Other income (list):		\$	\$	
1.		\$	\$	
2.				
\$				Total Annual Unearned Income

SECTION III. DEDUCTIONS

If any family member **makes** any of the following type of payments, **check** the type of payment made. Enter the case or account number, the amount paid, the name of the family member making the payment, and the date of the last payment. The caseworker will deduct or exclude these payment types from total family income upon receipt of proof of payment. If payments are paid out: **Weekly**: must provide last six (6), **Bi-Weekly**- must provide last three (3) **Semi-Monthly**- must provide last four (4), or **Monthly**- must provide last two (2).

Authorized Deductions	Case/Account Number	Monthly Amount Paid	Annual Amount Paid	Name of Family Member Making Payment	Date of Last Payment
Alimony paid pursuant to a court order		\$	\$		
Child support payments paid pursuant to a court order		\$	\$		
\$				Total Annual Authorized Deductions	

I hereby certify that the information given in this worksheet is true and complete to the best of my knowledge. I understand that if I knowingly give wrong information, I may be liable for prosecution under state law and that School Readiness services may be terminated. I also understand that if any changes occur to the information on this worksheet, I will notify the coalition of those changes within ten (10) calendar days.

Signature of Parent/Guardian	Date	Signature of Eligibility Determiner	Date
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OFFICIAL USE ONLY – School Readiness staff to complete this section.

Total Annual Gross Income (Earned Income + Unearned Income – Deductions)	Household Size (Include parent(s), children, and related adults in the home who are supported by the family)	Required Family Contribution/Parent Copayment
\$	\$	\$



EARLY CHILDHOOD SCHOOL READINESS PROGRAMS

Child Support Verification Form

If you have a court order for child support, please attach proof.

Obtain printout & depository number from CSE office @ www.myfloridacounty.com

Custodial Parent Name: _____

If you are a Parent/Guardian and do not live with the father/mother of all of the child (ren), you are required to inform us of the status of child support for each absent parent(s) at each placement and redetermination.

You need to provide proof of the amount of child support for each child counted in the household. Failure to complete and return this form can result in the loss of your child care funding.

- If you **do not** receive child support and the absent parent(s) has no contact with the child (ren), complete **Section One**.
- If you have contact with the absent parent(s), you must have the absent parent complete **Section Two**. Extra forms are available if there is more than one absent parent @ www.sdhc.k12.fl.us/doc/list/school-readiness/documents-forms/153-711.

ABSENT PARENT INFORMATION:

Absent Parent Name: _____ He/she is the parent of: _____

Is Child Support Court Ordered? Yes No And: _____

If yes, what State _____ Depository # _____ And: _____

SECTION ONE – NONRECEIPT OF CHILD SUPPORT: (To be completed by the parent/guardian only if you **do not** receive child support)

If you are not receiving child support, please explain why: _____

_____ Date Last Rec'd: _____

The information provided on this form is true and complete to the best of my knowledge. I fully understand that any omissions, falsifications or misrepresentations may disqualify my child (ren) from receiving child care funds and that I may be liable for prosecution under the full strength of the law plus repayment of ineligible child care services.

Custodial Parent's Signature: _____ Date: _____

SECTION TWO – COMPLETED BY ABSENT PARENT(S):

Choose and check the selection that applies to you:

- I do not pay child support. I have not paid child support since: _____
- I consistently pay child support in the amount of _____ per: week/bi-week/month (circle one).
- I pay child support that varies from week to week. In the past six weeks, I have paid the following amounts:
- | | | | |
|-------------|-------------------|-------------|--------------------|
| Date: _____ | Amount Paid _____ | Date: _____ | Amount Paid: _____ |
| Date: _____ | Amount Paid _____ | Date: _____ | Amount Paid: _____ |
| Date: _____ | Amount Paid _____ | Date: _____ | Amount Paid: _____ |

Signature of Absent Parent: _____ Date: _____

Address: _____ Phone: _____



**EARLY CHILDHOOD SCHOOL READINESS PROGRAMS
RBM REQUEST TO CHANGE STATUS**

Date: _____

I, _____, SS# _____, hereby request that the change of status becomes effective : _____ (specify date)

The change applies to the child (ren) listed below.

List child/ren:

Name of Children	SS/ID#
1.	
2.	
3.	

For Change in:	Example of Forms or Documentation to Attach:
<input type="checkbox"/> Marital Status <input type="checkbox"/> Employment <input type="checkbox"/> Loss/Break of Employment <input type="checkbox"/> Income <input type="checkbox"/> Schedule <input type="checkbox"/> School <input type="checkbox"/> Number in Household <input type="checkbox"/> Child Support <input type="checkbox"/> Address Change <input type="checkbox"/> Food Stamps <input type="checkbox"/> Housing Assistance <input type="checkbox"/> SSI/SSDI/SSB <input type="checkbox"/> Add a Child <input type="checkbox"/> Other	Client Information Form* / Marriage license/Divorce Decree Verification of Employment Form* /Letter from Employer/ Pay stubs/Receipts <i>Note: If this is a new employment a completed Loss/Break of Employment form is also necessary.</i> Verification of Loss of Employment Form* /Letter from Employer Verification of Pay Rate Form* /Letter from Employer Verification of Employment Schedule* /Letter from Employer School Verification Form* Letter/Transcript from School Client Information Form* Child Support Verification Form* / Print Out from court/state website Client Address Change Request Form* / Verification of New Address Print Out from DCF/award letter Print Out from Housing Current Social Security Administration Award letter Client Request to Add a Child Form* /Verification of Age & Child’s Legal Status

* Forms can be found @ www.sdhc.k12.fl.us/doc/list/early-childhood/documents-forms/153-711.

(Please attach relevant documentation to verify the change)

Explain in full the change you are requesting:

I understand by signing this request I authorize the School Readiness Programs to enact the change I have hereby requested.

Signature of Parent/Guardian

Today’s Date

You have selected to send your RBM Status Change by:

- FAX: (813) 915-3236
- MAIL or DROP BOX: School Readiness, 9309 N. Florida Ave., # 104, Tampa, Florida 33612

If you have any questions regarding your RBM status change, please contact: (813) 915-3200 ext. 237



EARLY CHILDHOOD SCHOOL READINESS PROGRAMS

NOTICE FOR SUSPENSION OF CHILD CARE FOR SEASONAL OR SCHOOL SYSTEM – RELATED EMPLOYEES

Dear SEASONAL OR SCHOOL SYSTEM – RELATED EMPLOYEE:

If you are **currently employed** as a seasonal or school system – related employee your School Readiness Programs child care services that you are currently receiving will terminate on the last day of your **assignment**.

SUMMER EMPLOYMENT

- If you are employed (school district/non-school district) during the summer, your child care will not be placed on suspension. **In order to continue your child care for the summer, you must come in to any of the offices** listed below to report changes **and provide verification of summer employment** within ten (10) calendar days (of the change in employment).
- If you are not employed during the summer, your child care will be placed on suspension until you resume employment. The *Client Request for Suspension of Child Care Services* form can be found @ www.sdhc.k12.fl.us/doc/list/early-childhood/documents-forms/153-711.

2015/2016 SCHOOL YEAR EMPLOYMENT

- In order to resume your School Readiness child care services for the **2015/2016** school year, **you must come in to any of the offices listed below with verification of employment and this letter.**
 - If employment is a **school district** assignment, you must provide a letter from your Supervisor stating that you will be returning to work for the **2015/2016** school year. The following information must be included in the employment letter.
 - Client name and SS#
 - Pay Class code
 - Hourly rate
 - Hours of work per day
 - Assignment start and end date
 - Signature of authorized school district personnel staff

Upon receipt of the employment letter the School Readiness office will verify the information with the authorized school district personnel, if needed.

- If employment is a **non-school district** assignment, you must provide a letter/ SRP Verification of Employment Form. If providing a letter, the following information must be included in the letter.
 - Client name and SS#
 - Employment start date. Must specify end date if seasonal employment
 - Hourly rate
 - Hours of work per week
 - Pay frequency
 - Signature of authorized personnel staff

Upon receipt of the letter/ SRP Verification of Employment Form the School Readiness office will verify the information with the authorized personnel, if needed.

PLEASE NOTE

**YOU MUST COMPLETE THIS PROCESS OR YOUR CHILD CARE WILL NOT BE
REINSTATED FOR YOUR 2015/2016 ASSIGNMENT.**

If you have a question concerning your child care services, please call:

BRANDON
9325 Bay Plaza, Suite 210
Tampa, FL 33619
(813) 740-4713
(813) 739-6042 FAX

NORTH TAMPA
9309 N. Florida Ave., Suite 104
Tampa, FL 33612
(813) 915-3200
(813) 915-3236 FAX



EARLY CHILDHOOD SCHOOL READINESS PROGRAMS

NOTICE

A School Readiness client, who is subject to the employment requirement, shall have sanction penalties imposed which will affect child care assistance.

According to the Office of Early Learning (OEL) Rule 6M-4.203(2) (b)

“A parent must notify the coalition, or its designee, of any change in employment, income, or family size within ten (10) calendar days”.

In addition, the School Readiness Terms & Conditions specifies the following:

You must submit in writing to the School Readiness Program within **10 CALENDAR DAYS** any changes in income, employment, family size, address or any other information which could affect possible school readiness assistance eligibility. Failure to do so may lead to the termination of your child care services.

If a loss/break of employment is not reported within the specified time frame, sanction penalties will be imposed.

Breaks in Employment:

A client that has a loss/break of employment **and reports it within the specified time frame** may be able to maintain eligibility for financially assisted school readiness services. Breaks in employment include the following:

(1) Job Search - During a break in employment, provided employment is re-established within sixty (60) calendar days. During this time, school readiness services will be reimbursed.

(2) Medical including maternity leave - During a temporary break in employment, with an option to return to that employment. The child shall not be placed on the waiting list and services will be considered suspended, **and not reimbursed**, until employment resumes. Care may be re-established upon resumption of employment.

If there is a letter from a licensed physician under Chapter 458 or 459, F.S stating that the parent is temporarily disabled, the purpose of care is then temporary disability and the client remains eligible for school readiness services. The letter must state the anticipated duration of the disability. During this time school readiness services will be reimbursed. If the client does not return to work by the end of the authorized period, then services may be suspended for an unlimited time until employment resumes. The child shall not be placed on the waiting list and services will be considered suspended, **and not reimbursed**, until employment resumes. Care may be re-established upon resumption of employment, if funding is available.

(3) Seasonal employment or school system-related employment - During an interruption in employment, with an option to return to that employment. The child shall not be placed on the waiting list and services will be considered suspended, **and not reimbursed**, until employment resumes. Care may be re-established upon resumption of employment.

(4) Suspension of child care for the summer - During an interruption in child care for the summer, with an option for reinstatement to the program. The child shall not be placed on the waiting list and services will be considered suspended, **and not reimbursed**, until child care resumes. Care may be re-established upon determination of eligibility for reinstatement to the program, if funding is available.

Sanction Penalties:

First non-compliance:

A sanction of School Readiness services shall be retroactive to the first day the client was unemployed. The client will not be eligible for child care services for a period equal to the number of days the client was unemployed plus ten (10) business days. Child care funding is terminated during the sanction period.

Second non-compliance:

A sanction of School Readiness services shall be retroactive to the first day the client was unemployed. The client will not be eligible for child care services for a period equal to the number of days the client was unemployed plus thirty (30) business days. Child care funding is terminated during the sanction period.

Third non-compliance:

A sanction of School Readiness services shall be retroactive to the first day the client was unemployed. The client will not be eligible for child care services for a period equal to the number of days the client was unemployed plus ninety (90) business days. Child care funding is terminated during the sanction period.

If the client fails to return the Loss/Break of Employment form within the 10 calendar days, then the client will be sanctioned for a total of six (6) months. After the sanction period has ended, the client may re-enter if funding is available. If funding is unavailable, a Waiting List application may be submitted once the sanction period has ended. The School Readiness Programs agency will not lift the sanction nor approve child care benefits during the time the client's sanction penalty is in place. However, a client that is currently sanctioned may be reinstated when a referral for a mandated eligibility is provided by the referring agency. In this situation the client will not be allowed to roll over to eligibility. The remaining time of the sanction penalty will be applied.



School Readiness Programs TERMS AND CONDITIONS

Provisions of School Readiness services are subject to eligibility requirements, availability of funding, and enrollment priorities. It is a parent's right to confidentiality of child information and the right to inspect, review and request a copy of his or her child's record. Parents have the right not to be discriminated based on race, national origin, ethnic background, sex, religious affiliation or disability.

The parent /caregiver/guardian understands that the Florida's Office of Early Learning and the Early Learning Coalition has the right to initiate and/or receive data either through direct contact or an automated data exchange process to establish the validity of household information provided by the applicant/recipient to receive program benefits. This will include but not necessarily be limited to: social security benefits, birth dates, immunization status and/or all sources of potential and reported earned and unearned income sources. (Employment records, unemployment benefits TANF, Child Support, etc.)

The parent/caregiver/guardian gives consent, if determined eligible, to the School Readiness Agency and/or the Department of Financial Assistance/Division of Public Assistance Fraud to request all information relating to his/her eligibility and to make inquiry into all statements of information given. I understand that if I give false information, sign inaccurate attendance documents or fail to report changes in my circumstances, my case may be referred to the Department of Financial Assistance/Division of Public Assistance Fraud for action and possible prosecution.

The parent/caregiver/guardian understands, if determined eligible and service is terminated, suspended or reduced; or if a parent/caregiver/guardian is dissatisfied with any service, he/she has the right to request a fair hearing and right to appeal decisions.

The parent/caregiver/guardian understands that if determined eligible, any facility the parent selects must allow the parent/caregiver/guardian to visit the child while in care.

The parent/caregiver/guardian understands that if employed at the same child care facility the child attends, direct care can not be provided to the child; the care must be provided by another classroom teacher. The parent/caregiver/guardian also understands that if employed by a family child care home, the child can not attend the same facility.

The parent/caregiver/guardian understands, if determined eligible he/she may freely select the type of care as defined in the Parent Placement Options that best meets the needs of the child (ren) and family as applicable within the funding requirements for which he/she is eligible.

The parent/caregiver/guardian understands and agrees, if determined eligible, to sign the child (ren) in and out daily from their chosen legal child care arrangement. Parent signature may not be pre-signed or dated prior to the last day of attendance for the month. **I also agree that I am responsible to pay the parent copayment in a timely manner and that the School Readiness agency will not be held responsible for any rates exceeding the allowable maximum or any additional charges.** A parent/caregiver/guardian may not transfer school readiness program services to another school readiness program provider until the parent/caregiver/guardian has submitted documentation from the current school readiness program provider stating that the parent/caregiver/guardian has satisfactorily fulfilled the copayment obligation.

The parent/caregiver/guardian certifies receipt of the "Early Childhood Expectations", "211 – Community Resource Guide", Voluntary Prekindergarten information and literacy tips/guide.

The parent/caregiver/guardian understands he/she has the right to be notified if, as a result of any redetermination, the child/ren is determined ineligible for financial assistance.

The parent/caregiver/guardian certifies that the information given is true and complete to the best of the parent/caregiver/guardian's knowledge. You must submit in writing to the School Readiness Program within **10 calendar days any changes in income, employment, family size, address or any other information which could affect possible school readiness assistance eligibility. Failure to do so will lead to the termination of your child care services. If a loss of employment is not reported within the specified time frame, sanction penalties will be imposed.** It is also your responsibility, if determined eligible, to recertify for your school readiness assistance prior to the end of your authorization period. If you do not, your school readiness assistance will be terminated the day following the end of the authorization period.

The parent/caregiver/guardian understands that, if determined eligible for School Readiness subsidy, non-school age child (ren) will receive a developmental screening designed to access their current developmental level. If you do not wish to have your child screened, you must request and sign the "Parent Option to Decline Child Screening" form.

Privacy Act Statement:

Social security numbers are requested on this form under s. 119.071(5) (a) 2., F.S., for use in the records and data systems of the Florida's Office of Early Learning and the Early Learning Coalition. 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.

By signing the School Readiness Programs Client Application form, I acknowledge that I have reported on this form all income of my household and that all of the information I have provided is true and correct and have received a copy of these terms and conditions. I agree that my signature on file serves as my signature on the Child Care Certificate and Pre-Authorization Child Care Certificate and the (SR 100) – Income Worksheet. I also agree that my signature on file may be used for up to 12 months from the date below when reported changes result in an updated computer generated Application and Income Worksheet.