



STATE OF FLORIDA
SCHOOL READINESS PROGRAM

Application

INSTRUCTIONS: You must complete all fields marked with an asterisk (*). Check the appropriate boxes in each section. Upload the needed documents for each person. Contact your local early learning coalition for help completing this form.

I. PARENT #1 PROFILE			
<i>For this application, "Parent" means a person that has legal custody of a minor as a: Natural or adoptive parent, legal guardian, person who stands in loco parentis to the minor, or person who has legal custody of the minor by order of a court.</i>			
Parent First Name *	Parent Middle Name	Parent Last Name *	Parent Suffix
Ethnicity *	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer		
Race(s) Check those that apply. *	<input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific <input type="checkbox"/> Black <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern / North African <input type="checkbox"/> Prefer not to answer		
Sex *	Marital Status *	Date of Birth * [MM/DD/YYYY]	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	/ /	
Are you currently active duty (serving full-time) in the US Military? * <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a member of the National Guard or Military Reserve Unit? * <input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security Number (Not Required) <i>Your social security number is not required but requested under ss. 119.071(5)(a)2., 119.092, 1002.91, and 1002.97, F.S., for use in the records and data systems of the Division of Early Learning, school districts and early learning coalitions. If you submit your social security number, it will be used for routine identification of your school readiness records and to identify and prevent fraud.</i>			
PARENT #1 ADDITIONAL PROFILE INFORMATION			
Are you currently working at least 20 hours per week, or if there are two parents in the household, are both of you working for a combined 40 hours per week? * If yes, you must complete the Employment section. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you enrolled and attending school? * If yes, you must complete the School/Training section. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you attending school and working? * If yes, you must complete the School/Training tab AND the Employment sections. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you disabled or unable to work as documented by a physician or a letter from the Social Security Administration awarding you disability benefits? * <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a form from another agency titled Child Care Application and Authorization (referral)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PARENT #1 CONTACT INFORMATION			
Are you currently homeless or located at a domestic violence shelter? If yes, provide a phone number and email address where you can be reached. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Residence Address *	Apt, Suite, etc.		City *
	County *	State *	Zip Code *
Mailing address if different from above *	Apt, Suite, etc.		City *
	County *	State *	Zip Code *
Primary Contact Phone Number *	Email Address *		



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Secondary Contact Phone Number		Preferred Method of Contact *	
		<input type="checkbox"/> Primary phone number <input type="checkbox"/> Email <input type="checkbox"/> Mailing Address	
What is the primary language spoken at home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Native Central, South American and Mexican languages (e.g., Mixteco, Quichean) <input type="checkbox"/> Caribbean Languages (e.g., Haitian-Creole, Patois) <input type="checkbox"/> Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali) <input type="checkbox"/> East Asian Languages (e.g., Chinese, Vietnamese, Tagalog) <input type="checkbox"/> Native North American/Alaska Native Languages <input type="checkbox"/> Pacific Island Languages (e.g., Palauan, Fijian) <input type="checkbox"/> European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian) <input type="checkbox"/> African Languages (e.g., Swahili, Wolof) <input type="checkbox"/> Other (e.g., American Sign Language) <input type="checkbox"/> Unspecified (Unknown or head of household declined to identify home language)			
I.A. EMPLOYMENT INFORMATION <i>You must upload at least 2 current and consecutive paystubs for each job, and your stubs must show hours worked.</i>			
Employer Name * (If you are self-employed, write "self-employed" here)		Employer Phone Number *	
Employer Address		City	State
			Zip Code
How often do you get paid? * <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly		Rate of Pay (How much do you make per hour?) * Annual Income?	Number of hours per week worked? *
Seasonal Employee? * <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a school board employee that works less than 12 months? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you pay child support or alimony? * <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Your gross annual income may be adjusted after submission and verification of child support and/or alimony documentation.</i>			
I.B. SCHOOL OR TRAINING INFORMATION <i>You must upload your current school schedule from an accredited education institution, and it must show credit hours or hours spent in class.</i>			
Name of School or Training Facility *		Phone Number for School or Training Facility *	
School or Training Facility Address		City	State
			Zip Code
How many hours per week are you scheduled to attend school?			



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II. PARENT #2 PROFILE			
<i>For this application, "Parent" means a person that has legal custody of a minor as a: Natural or adoptive parent, legal guardian, person who stands in loco parentis to the minor, or person who has legal custody of the minor by order of a court.</i>			
Parent First Name *	Parent Middle Name	Parent Last Name *	Parent Suffix
Ethnicity *	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer		
Race(s) Check those that apply. *	<input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific <input type="checkbox"/> Black <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern / North African <input type="checkbox"/> Prefer not to answer		
Sex *	Marital Status *	Date of Birth * [MM/DD/YYYY]	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	/ /	
Are you currently active duty (serving full-time) in the US Military? * <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a member of the National Guard or Military Reserve Unit? * <input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security Number (Not Required)			
<i>Your social security number is not required but requested under ss. 119.071(5)(a) 2., 119.092, 1002.91, and 1002.97, F.S., for use in the records and data systems of the Division of Early Learning, school districts and early learning coalitions. If you submit your social security number, it will be used for routine identification of your school readiness records and to identify and prevent fraud.</i>			
PARENT #2 ADDITIONAL PROFILE INFORMATION			
Are you currently working at least 20 hours per week, or if there are two parents in the household, are both of you working for a combined 40 hours per week? * If yes, you must complete the Employment section.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you enrolled and attending school? * If yes, you must complete the School/Training section.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you attending school and working? * If yes, you must complete the School/Training tab AND the Employment sections.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you disabled or unable to work as documented by a physician or a letter from the Social Security Administration awarding you disability benefits? *			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a form from another agency titled Child Care Application and Authorization (referral)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
PARENT #2 CONTACT INFORMATION			
<i>Are you currently homeless or located at a domestic violence shelter? If yes, provide a phone number and email address where you can be reached.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Residence is the same as Parent #1? (If no, complete the below information) * <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Residence Address *	Apt, Suite, etc.		City *
	County *	State *	Zip Code *
Mailing address if different from above *	Apt, Suite, etc.		City *
	County *	State *	Zip Code *
Primary Contact Phone Number *	Email Address *		



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Secondary Contact Phone Number		Preferred Method of Contact *	
		<input type="checkbox"/> Primary phone number <input type="checkbox"/> Email <input type="checkbox"/> Mailing Address	
What is the primary language spoken at home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Native Central, South American and Mexican languages (e.g., Mixteco, Quichean) <input type="checkbox"/> Caribbean Languages (e.g., Haitian-Creole, Patois) <input type="checkbox"/> Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali) <input type="checkbox"/> East Asian Languages (e.g., Chinese, Vietnamese, Tagalog) <input type="checkbox"/> Native North American/Alaska Native Languages <input type="checkbox"/> Pacific Island Languages (e.g., Palauan, Fijian) <input type="checkbox"/> European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian) <input type="checkbox"/> African Languages (e.g., Swahili, Wolof) <input type="checkbox"/> Other (e.g., American Sign Language) <input type="checkbox"/> Unspecified (Unknown or head of household declined to identify home language)			
II.A. EMPLOYMENT INFORMATION <i>You must upload at least 2 current and consecutive paystubs for each job, and your stubs must show hours worked.</i>			
Employer Name * (If you are self-employed, write "self-employed" here)		Employer Phone Number *	
Employer Address	City	State	Zip Code
How often do you get paid? * <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly	Rate of Pay (How much do you make per hour?) *		Number of hours per week worked? *
	Annual Income?		
Seasonal Employee? * <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a school board employee that works less than 12 months? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you pay child support or alimony? * <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Your gross annual income may be adjusted after submission and verification of child support and/or alimony documentation.</i>			
II.B. SCHOOL OR TRAINING INFORMATION <i>You must upload your current school schedule from an accredited education institution, and it must show credit hours or hours spent in class.</i>			
Name of School or Training Facility *		Phone Number for School or Training Facility *	
School or Training Facility Address	City	State	Zip Code
How many hours per week are you scheduled to attend school?			



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CHILD #2 PROFILE			
Child First Name *	Child Middle Name	Child Last Name *	Child Suffix
Ethnicity * <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer	Race(s) Check those that apply. * <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific <input type="checkbox"/> Black <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Middle Eastern / North African	Sex * <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth * [MM/DD/YYYY] / /
U. S. Citizen or lawfully entered alien for permanent residence? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Have a current Individual Educational Plan (IEP) or Individual Family Service Plan (IFSP)? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Have a 504 designation?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently participate in a Head Start Program? * <input type="checkbox"/> Yes <input type="checkbox"/> No
Child Social Security Number (Not Required)			
<i>Your child's social security number is not required but requested under ss. 119.071(5)(a)2., 119.092, 1002.91, and 1002.97, F.S., for use in the records and data systems of the Division of Early Learning, school districts and early learning coalitions. If you submit your social security number, it will be used for routine identification of your school readiness records and to identify and prevent fraud.</i>			
Child Care is needed for the following days * (Check all that apply) <input type="checkbox"/> Sunday <input type="checkbox"/> Thursday <input type="checkbox"/> Monday <input type="checkbox"/> Friday <input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday <input type="checkbox"/> Wednesday	Type of Child Care Needed * (Check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Before-school <input type="checkbox"/> After-school <input type="checkbox"/> Days school is out	Parent #1's Relationship to the Child * <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Other Parent #2's Relationship to the Child * <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Other	

Make additional copies of the previous sheet for additional children in need of care.

IV. OTHER HOUSEHOLD MEMBERS			
<i>Other Household Members include children living in household not in need of care.</i>			
First Name *	Middle Name	Last Name *	Suffix
Ethnicity * <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer			
Race(s) Check those that apply. * <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific <input type="checkbox"/> Black <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern / North African <input type="checkbox"/> Prefer not to answer			
Sex * <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth * [MM/DD/YYYY] / /	
Relationship to Parent #1 * <input type="checkbox"/> Child <input type="checkbox"/> Step Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Sibling's Child <input type="checkbox"/> Grand Child <input type="checkbox"/> None of the above			
First Name *	Middle Name	Last Name *	Suffix
Ethnicity * <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer			
Race(s) Check those that apply. * <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific <input type="checkbox"/> Black <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern / North African <input type="checkbox"/> Prefer not to answer			



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Sex * <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth* [MM/DD/YYYY] / /		
Relationship to Parent #1 * <input type="checkbox"/> Child <input type="checkbox"/> Step Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Sibling's Child <input type="checkbox"/> Grand Child <input type="checkbox"/> None of the above				
First Name *		Middle Name	Last Name *	Suffix
Ethnicity * <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer				
Race(s) Check those that apply. * <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian / Pacific <input type="checkbox"/> Black <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern / North African <input type="checkbox"/> Prefer not to answer				
Sex * <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth* [MM/DD/YYYY] / /		
Relationship to Parent #1 * <input type="checkbox"/> Child <input type="checkbox"/> Step Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Sibling's Child <input type="checkbox"/> Grand Child <input type="checkbox"/> None of the above				

Make additional copies of this sheet for additional household members.



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V. OTHER INCOME	
Person Full Name Receiving Unearned Income:	
Unearned Income Source * (Check all that apply)	
<input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Dividends Interest <input type="checkbox"/> Food Stamps (Not included in calculation. Federal reporting requirement) <input type="checkbox"/> Pension/Retirement Benefits <input type="checkbox"/> Relative Caregiver or Guardianship Assistance payments <input type="checkbox"/> Social Security (SSI) Benefits/Payments Received by adults and children in household <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Reemployment Assistance <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Other (Regularly received cash, benefits or payments)	
Amount Received Monthly *	Note
Person Full Name Receiving Unearned Income:	
Unearned Income Source * (Check all that apply)	
<input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Dividends Interest <input type="checkbox"/> Food Stamps (Not included in calculation. Federal reporting requirement) <input type="checkbox"/> Pension/Retirement Benefits <input type="checkbox"/> Relative Caregiver or Guardianship Assistance payments <input type="checkbox"/> Social Security (SSI) Benefits/Payments Received by adults and children in household <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Reemployment Assistance <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Other (Regularly received cash, benefits or payments)	
Amount Received Monthly *	Note
Person Full Name Receiving Unearned Income:	
Unearned Income Source * (Check all that apply)	
<input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Dividends Interest <input type="checkbox"/> Food Stamps (Not included in calculation. Federal reporting requirement) <input type="checkbox"/> Pension/Retirement Benefits <input type="checkbox"/> Relative Caregiver or Guardianship Assistance payments <input type="checkbox"/> Social Security (SSI) Benefits/Payments Received by adults and children in the household <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Reemployment Assistance <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Other (Regularly received cash, benefits or payments)	
Amount Received Monthly *	Note

Make additional copies of this sheet for other income sources received.



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VI. DOCUMENTATION

If you are a single parent currently working or attending an accredited school or a combination of both at least 20 hours a week or if you are a two-parent household, and both parents are working or attending school or a combination of both for a combined 40 hours per week, include one of the below for each parent in the household with this application.

- Paystubs (*At least 2 current and consecutive stubs showing hours worked for each job.*)
- Verification of Employment Statement
- Written Statement from Employer
- Work calendar or receipts (*Self-employment only. Self-employed parents may obtain help from their coalition about needed documents.*)
- School Enrollment Form (*Current school enrollment form showing credit hours or hours spent in class for each school.*)
- Official School Schedule (*Current school schedule showing credit hours or hours spent in class for each school.*)

If you are currently disabled or unable to work as documented by a physician or a letter from the Social Security Administration awarding you disability benefits, include one of the below for each parent in the household with this application.

- Physician Statement
- Social Security Award Letter

If you have a form from another agency titled Child Care Application and Authorization (referral), include it with this application.

- Child Care Application and Authorization Form

By signing this form I certify that:

- My family's total assets do not exceed \$1,000,000.00
- I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct.
- I give consent to the Division of Early Learning and/or the Department of Financial Services to request all information relating to my 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 that would affect my eligibility for services or the level of my services, my case may be referred to law enforcement for investigation and possible prosecution.
- I give consent to the Division of Early Learning to use computer matches with other government agency systems to verify the information I have presented.
- I understand information on this form may be shared with other state and local agencies for administration and fraud prevention.
- I understand that the early learning coalition will review my submitted application and documents and send me instructions on how to proceed. I also understand that the early learning coalition may require more recent or additional documents about my household at any time.

Parent Signature

Date Signed