



**STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM
SPECIALIZED INSTRUCTIONAL SERVICES
CERTIFICATE OF ELIGIBILITY**

I. EARLY LEARNING COALITION CONTACT INFORMATION. (Completed by early learning coalition) Type or print in black or blue ink

1. Coalition Name:	2. Address:
3. Telephone Number:	4. Fax Number:
5. Point of Contact (Optional):	6. Email Address (Optional):
7. Website to access Form OEL-VPK 20S (Specialized Instructional Services Provider Agreement):	

II. CERTIFICATE OF CHILD ELIGIBILITY (Issued by Early Learning Coalition)

8. Student's Full Name:	9. Student Date of Birth:	10. Student ID, if available:
11. VPK Program Year:	12. Certificate Number:	13. Certificate Issue Date:
		14. Enrollment: <input type="checkbox"/> New Enrollment. <input type="checkbox"/> Re-enrollment. <input type="checkbox"/> Good Cause Exemption.

III. ADMISSION BY SPECIALIZED INSTRUCTIONAL SERVICES (SIS) PROVIDER (Jointly Prepared by Provider AND Parent)

Provider must visit the website listed in Item 7 to obtain a copy of the VPK Specialized Instructional Services Program Provider Agreement (SIS Agreement). An SIS Agreement must be signed by an authorized representative and returned to the Early Learning Coalition (Item 1) before serving children through the SIS program. Provider is only required to sign one SIS Agreement per program year.

15. Name of SIS Provider:	16. Daytime Telephone:	17. Fax:	
18. Address of SIS Provider:	19. Type of Service Provided ¹ :	20. Employer Identification Number ² :	
21. Signature of SIS Provider Representative:	22. Date:	23. Parent Signature:	24. Date:

IV. ENROLLMENT SUBMISSION AND CONFIRMATION (Submitted by SIS Provider)

Upon completion of Section III above, the SIS Provider must contact the early learning coalition identified in Section I to obtain a confirmation number. The confirmation number authorizes the early learning coalition to make payments for the VPK Specialized Instructional Services Program. The coalition will issue a confirmation number that allows payments to be made on behalf of the student and confirms that the parent has chosen the provider as the student's SIS Provider.

	IS THE CONFIRMATION NUMBER.
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¹ **Type of Service. Enter one of the following codes:**

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|----------------------------------|----------------------------|---|
| ABA (Applied Behavior Analysis). | OT (Occupational Therapy). | LS (Listening and Spoken Language Specialist). |
| SP (Speech-language Pathology). | PT (Physical therapy). | Other (Other, consistent with the student's IEP). |

² **PRIVACY ACT STATEMENT** – Your employer identification number (EIN) or social security number (SSN) is requested in accordance with ss. 119.071(5)(a)2. and 119.092, F.S., for use in the records and data systems of the Office of Early Learning and early learning coalitions. Submission of your EIN or SSN on this form is mandatory. Your EIN or SSN will be used for processing payments to you as a VPK provider or school, for reporting those payments for federal tax purposes and for routine identification of your provider or school.