



**STATE OF FLORIDA
SCHOOL READINESS PROGRAM**

Application

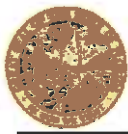
I. PARENT #1 PROFILE <i>(Fields marked with * are required and must be completed)</i>			
<i>For the purpose of completing this application, "Parent" means a person that has legal custody of a minor as a: Natural or adoptive parent, legal guardian; person who stands in loco parentis to the minor or person 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"/> Prefer not to answer		
Gender *	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 s. 119.071(5)(a)2, 119.092, 1002.91 and 1002.97, F.S., for use in the records and data systems of the Office of Early Learning, Department of Education, school districts and early learning coalitions. If you submit your social security number, it will be used for routine identification of your school readiness application and eligibility and enrollment records and to identify and prevent fraud.</i>			
PARENT #1 ADDITIONAL PROFILE INFORMATION <i>(Fields marked with * are required and must be completed)</i>			
Do you have a form from another agency titled Child Care Application and Authorization?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
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 are required to complete the Employment section.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you enrolled and attending school? * If yes, you are required to complete the School/Training section.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you attending school and working? * If yes, you are required to 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			
PARENT #1 CONTACT INFORMATION <i>(Fields marked with * are required and must be completed)</i>			
Are you currently homeless or located at a Domestic Violence Shelter? If yes, please indicate 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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PARENT #1 CONTACT INFORMATION CONTINUED <i>(Fields marked with * are required and must be completed)</i>			
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. EMPLOYMENT INFORMATION <i>(Fields marked with * are required and must be completed)</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? *		Rate of Pay (How much do you make per hour?) *	Number of hours per week worked? *
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly		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>Upon submission of child support and/or alimony documentation verifying the deduction from your paycheck the annual amount deducted will be excluded from your gross annual income calculation.</i>			
III. SCHOOL OR TRAINING INFORMATION <i>(Fields marked with * are required and must be completed)</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?			
IV. PARENT #2 PROFILE <i>(Fields marked with * are required and must be completed)</i>			
<i>For the purpose of completing 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"/> Prefer not to answer			



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IV. PARENT #2 PROFILE CONTINUED (Fields marked with * are required and must be completed)			
Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status * <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
		Date of Birth * [MM/DD/YYYY] / /	
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 s. 119.071(5)(a) 2, 119.092, 1002.91 and 1002.97, F.S., for use in the records and data systems of the Office of Early Learning, Department of Education, school districts and early learning coalitions. If you submit your social security number, it will be used for routine identification of your school readiness application and eligibility and enrollment records and to identify and prevent fraud.</i>			
PARENT #2 ADDITIONAL PROFILE INFORMATION (Fields marked with * are required and must be completed)			
Do you have a form from another agency titled Child Care Application and Authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 are required to complete the Employment section. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you enrolled and attending school? * If yes, you are required to complete the School/Training section. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you attending school and working? * If yes, you are required to 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			
PARENT #2 CONTACT INFORMATION (Fields marked with * are required and must be completed)			
Are you currently homeless or located at a Domestic Violence Shelter? If yes, please indicate a phone number and email address where you can be reached. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Residence is the same as Parent #1? (If no, please 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 *		
Secondary Contact Phone Number	Preferred Method of Contact * <input type="checkbox"/> Primary phone number <input type="checkbox"/> Email <input type="checkbox"/> Mailing Address		



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PARENT #2 CONTACT INFORMATION CONTINUED <i>(Fields marked with * are required and must be completed)</i>			
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)			
V. EMPLOYMENT INFORMATION <i>(Fields marked with * are required and must be completed)</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>Upon submission of child support and/or alimony documentation verifying the deduction from your paycheck the annual amount deducted will be excluded from your gross annual income calculation.</i>			
VI. SCHOOL OR TRAINING INFORMATION <i>(Fields marked with * are required and must be completed)</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?			
VII. CHILD #1 PROFILE <i>(Fields marked with * are required and must be completed)</i>			
Child First Name *	Child Middle Name	Child Last Name *	Child Suffix
Ethnicity *	Race(s) Check those that apply. *	Gender *	Date of Birth * [MM/DD/YYYY]
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic <input type="checkbox"/> Prefer not to answer	<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"/> Male <input type="checkbox"/> Female	/ /
U. S. Citizen or lawfully entered alien for permanent residence? *	Have a current Individual Educational Plan (IEP) or Individual Family Service Plan (IFSP)? *	Have a 504 designation? *	Currently participate in a Head Start Program? *
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 s. 119.071(5)(a)2, 119.092,, 1002.91 and 1002.97, F.S. for use in the records and data systems of the Office of Early Learning, Department of Education, school districts and early learning coalitions. If you submit</i>			



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your social security number, it will be used for routine identification of your school readiness application and eligibility and enrollment records and to identify and prevent fraud.

VII. CHILD #1 PROFILE CONTINUED (Fields marked with * are required and must be completed)		
Child Care is needed for the following days * (Check all that apply)	Type of Child Care Needed * (Check all that apply)	Parent #1's Relationship to the Child *
<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	<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	<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

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CHILD #2 PROFILE (Fields marked with * are required and must be completed)			
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	Gender* <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 s. 119.071(5)(a)2, 119.092, 1002.91 and 1002.97, F.S., for use in the records and data systems of the Office of Early Learning, Department of Education, school districts and early learning coalitions. If you submit your social security number, it will be used for routine identification of your school readiness application and eligibility and enrollment 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	
CHILD #3 PROFILE (Fields marked with * are required and must be completed)			
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	Gender* <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 s. 119.071(5)(a)2, 119.092, 1002.91 and 1002.97, F.S., for use in the records and data systems of the Office of Early Learning, Department of Education, school districts and early learning coalitions. If you submit your social security number, it will be used for routine identification of your school readiness application and eligibility and enrollment 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	

Please make additional copies of this sheet for additional children in need of care that are not named above.



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IX. OTHER INCOME <i>(Fields marked with * are required and must be completed)</i>	
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"/> 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"/> 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"/> 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

Please make additional copies of this sheet for other income sources received in the household.



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X. DOCUMENTATION (Fields marked with * are required and must be completed)

If you are currently working or attending school or a combination of both at least 20 hours a week or if there are two parents in the household, and both of you are working or attending school or a combination of both for a combined 40 hours per week, please include one of the below items for each parent residing within the household with this application as proof of eligibility.

- Paystub
- Verification of Employment Statement
- Written Statement from Employer
- Work calendar or receipts (Self-employment only)
- School Enrollment Form
- Official School Schedule

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, please include one of the below items with this application as proof of eligibility.

- Physician Statement
- Social Security Award Letter

If you have a form from another agency titled Child Care Application and Authorization, please include the below with this application as proof of eligibility.

- 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 Office 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 in my circumstances 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 Office of Early Learning to use computer matches with other government agency systems pursuant to interagency agreements to verify the information I have presented.
- I understand information on this form may be shared with other state and local agencies for the purposes of program administration and public assistance fraud prevention.
- I understand that upon the submission of my application, the early learning coalition will review it and send me instructions on how to proceed.

Parent Signature

Date Signed

