



### School Readiness- Parent Reporting Changes Packet

Submit completed packet AND supporting documentation to the Early Learning Coalition of Seminole in person or place in Drop Box. Changes must be reported within 10 Calendar Days (Chapter 6M-4, Florida Administrative Code). You will be notified by email that submitted changes have been processed by an Eligibility Specialist. DO NOT USE WHITE OUT ON ANY FORMS!

Name:	Phone:
Address:	Email:
I am reporting the following changes on _____ (today's date)	
<input type="checkbox"/> I have attached the required documentation. <i>[Examples of acceptable documentation listed in bold below]</i>	

**Income/School Change** Effective Date of Change \_\_\_\_\_  
*[ELC of Seminole Employment Verification form AND paystubs for new jobs, medical leave form, school schedule/enrollment verification form, child support report, court order, benefit or award letter (if applicable) are required to be submitted with this packet.]*

Who in the family has the change in employment/school/unearned income? \_\_\_\_\_

- Employment:
  - New pay rate is \$ \_\_\_\_\_
  - Work hours: \_\_\_\_\_ per week
  - Begin Maternity/Medical Leave
  - Return to work
  - Loss (reason) **Last Day Worked:** \_\_\_\_/\_\_\_\_/\_\_\_\_
  - New job Employer Name: \_\_\_\_\_
  - Second job Employer Name: \_\_\_\_\_

School Attendance: School Ends  School Starts (number of credits or hours per week) \_\_\_\_\_

- Unearned Income:
  - Child support  Social Security  SSI  Relative Caregiver  TANF
  - Unemployment Compensation  Other \_\_\_\_\_

New monthly amount \$ \_\_\_\_\_  
 Will this be the same next month?  Yes  No, next month \$ \_\_\_\_\_

**Family Change** Effective Date of Change \_\_\_\_\_  
*[Driver license, birth certificate, marriage license, divorce decree, notarized statement]*

- Marital Status change to:  Married  Separated  Divorced
- Requesting to add a member to the household

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

- Requesting to remove a member from the household

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

New address for this person \_\_\_\_\_

**Address Change** Effective Date of Change \_\_\_\_\_  
*[Current lease, utility bill, landline phone bill, current paystub, government issued document]*

New Address \_\_\_\_\_ City/Zip \_\_\_\_\_

**Termination of Services Request**

Child Name: \_\_\_\_\_ Last Day Child Will Attend Services: \_\_\_\_\_



Complete the Following Information about family members who work

Eligibility :

Name of Person Working	Employer's Name Address Telephone Number	How Often Paid	Gross Earnings	Weekly Work Schedule		
			Amount	Day of Week	From	To
<b>(Parent on whom eligibility is determined)</b>						
	Name of Employer:  Address :  Phone No:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		Monday		
				Tuesday		
				Wednesday		
				Thursday		
				Friday		
				Saturday		
				Sunday		
<b>(Other Spouse living in the home)</b>						
	Name of Employer:  Address :  Phone No:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		Monday		
				Tuesday		
				Wednesday		
				Thursday		
				Friday		
				Saturday		
				Sunday		
Education:	Name/Address/Telephone of School:					
				Monday		
				Tuesday		
				Wednesday		
				Thursday		
				Friday		
				Saturday		
				Sunday		

If any family member receives any of the following type of unearned income (or benefits ), check the type of benefits received. Where the space is provided, enter the case or account number and the amount received. If child support or alimony is paid to another household, enter case number, amount paid and family member making payment.

Type of Unearned Income	Have it?	Case/Account Number	Amount	Name of Family Member Receiving Inc.	Include?
ADOPTION BENEFITS					
ALIMONY					
CHILD SUPPORT (RECEIVED)					
CHILD SUPPORT (PAID OUT)					
EMPLOYMENT					
FOOD STAMPS (EXEMPT)					
HOUSING ASSISTANCE (EXEMPT)					
INTEREST/DIVIDENDS					
MILITARY HOUSING (EXEMPT)					
RETIREMENT BENEFITS (INCLUDING SOCIAL SECURITY BENEFITS)					
SOCIAL SECURITY INCM (SSI)					
SOCIAL SEC (DISABILITY INCOME)					
ASSISTANCE/TANF CASH ASSITANCE					

UNEMPLOYMENT (RE-EMPLOYMENT ASSISTANCE)					
VETERAN BENEFITS					
WORKER'S COMP					

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) days of occurrence. I certify under the penalty of perjury (a first degree misdemeanor punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to s. 837.012, or 775.082, or 775.083, F.S.) I fully understand that any omissions, falsifications or misrepresentations may disqualify my child(ren) from receiving child care scholarship and that I may be liable for prosecution under the full strength of the law plus repayment of ineligible child care services.

Family Size: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_ Fee Assessed: \$ \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Employment/Income Verification Form

In order to determine eligibility for a child care scholarship, the ELC must receive copies of the **most current consecutive six weeks** pay stubs or this form, completed by the employer, as documentation of a new job or if paystubs are not issued. **Do Not Use White Out! Any form containing White Out will not be accepted.**

## SECTION I – GENERAL INFORMATION: (To be completed by employer)

- Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_  
 Employee Address: \_\_\_\_\_
- Type of work performed by employee: \_\_\_\_\_ Employment began: \_\_\_\_\_
- Number of hours worked: Per week: \_\_\_\_\_ Number of days per week: \_\_\_\_\_  
 Work schedule: From: \_\_\_\_\_ To: \_\_\_\_\_  A.M.  P.M.  
 Circle Days of Work: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
- Hourly wage received by employee: \$ \_\_\_\_\_ Date employment ended: \_\_\_\_\_
- Employee paid: \$ \_\_\_\_\_  Weekly  Bi-weekly  Semi-monthly  Monthly  Other
- Does employee receive tips?  Y  N If Yes, show tips in Section III
- Is employment year-round?  Y  N If No, specify # of months:  12  11½  11  10½  
 10  9½  9  Other: \_\_\_\_\_

## SECTION II – EMPLOYER INFORMATION: (To be completed by employer)

- Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_
- Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
- Business Address: \_\_\_\_\_

## SECTION III – RECORD OF PAY RECEIVED: (To be completed by employer)

- In the space below, list the most current and consecutive **SIX** weeks of checks or cash received by the employee along with the gross amount paid, hours worked and the date the checks or cash were issued.

DATES OF PAY PERIOD	DATE OF PAYMENT	GROSS EARNINGS	# OF HOURS WORKED	TIPS	NET PAY

- Please explain any unusual gaps or overtime and do you expect them to reoccur? \_\_\_\_\_  
 \_\_\_\_\_

## SECTION IV – EMPLOYER VERIFICATION:

I certify under the penalty of perjury (a first degree misdemeanor punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to s. 837.012, or 775.082, or 775.083, F.S.) the information provided on this form is true and complete to the best of my knowledge. I know if I give false information on purpose, I may be subject to prosecution for fraud.

\_\_\_\_\_  
 Employer Signature Title

\_\_\_\_\_  
 Employer Name (Print or Type) Date

