



Application for School Readiness Services



County of Residence: _____ Language Used in Home: _____

First Name: _____ MI: _____ Last Name: _____

Gender: Male Female Ethnicity: Hispanic Non-Hispanic DOB: ___/___/___

Marital Status: Single Married Divorced Separated Widowed Race: _____

Social Security Number (optional- helps in duplication of records): _____

Are you employed? Yes No At least 20 hours per week? Yes No
 Are you a student? Yes No At least 20 hours per week? Yes No
 Where do you live? Apartment Friends/Family House Shelter
 Are you a migrant? Yes No
 Do you have a diploma or GED? Yes No

Address _____ City _____ Zip _____

Phone Number _____ Other Number _____

Spouse:

First Name: _____ MI: _____ Last Name: _____

Gender: Male Female Ethnicity: Hispanic Non-Hispanic DOB: ___/___/___

Social Security Number (optional- helps in duplication of records): _____

Are you employed? Yes No At least 20 hours per week? Yes No
 Are you a student? Yes No At least 20 hours per week? Yes No
 Where do you live? Apartment Friends/Family House Shelter
 Are you a migrant? Yes No

Would you like to have your child(ren)'s hearing and vision checked? Yes No

Employment Information:

List all Adults in Household	Employer Name	Phone Number	Rate of Pay	Pay Frequency	# of Hours Worked

Other Household Income:

Income Type	Amount Received	Frequency	Paid To Whom
Child Support			
Alimony			
Food Stamps			
Other (SSI, SSA, Unemployment, Etc)			

Children Information:

Child Name	SS#	DOB	Gender	Birth Child	Attends School Where?

If you are the parent/guardian of the child(ren) listed, do you receive cash assistance? Yes No

Are you a Work and Gain Economic Self Sufficiency (WAGES) participant? Yes No

Has any of the child(ren) listed above been diagnosed with a special need or disability? Yes No

Are any of the child(ren) listed above suspected to have a special need or disability? Yes No

Do you have any concerns for your child(ren)'s health or development? Yes No

If yes, please explain: _____

Choice of Programs:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

I verify that the information provided is true and correct. If there are any changes concerning my status, it is my responsibility to contact the Early Learning Coalition of NW Florida, Inc. I understand the information given on this application will be shared for eligibility determination and service referrals to programs operated through the local school district, Head Start, Early Care and Education Providers, Big Bend, DCF, and the Children's Home Society. I understand that this application is not complete until I have received resource and referral services and then determined eligible based on information given on this application, and that the completion of this form does not guarantee placement.

Parent/Guardian Signature _____
Date

For Office Use Only:

If funding is available, application is screened, Parent Information packet is given, and appointment for placement is made. Do not enter on UWL if funding is available.

Placed on UWL	Yes	No	Date: _____	Staff Initials: _____
Parent Information Packet Given	Yes	No	Date: _____	Staff Initials: _____
Parent Placed	Yes	No	Date: _____	Staff Initials: _____

Notes: _____

