



**Main Office**  
2555 Ponce de Leon Blvd., Suite 210, Coral Gables, FL 33134  
Tel: (305) 646-7220 Fax: (786) 433-3227 Web: [www.elcmdm.org](http://www.elcmdm.org)

School Readiness Waitlist Families with Appointments

## Please bring to your appointment

- Valid picture ID for parent/s
- Proof of address if different from picture ID
- Birth certificate of children living in household (even if not receiving care if including for family size)
- Social security cards if available (not required)
- All income for parent/s (includes child support, alimony, SSI, SSA, unemployment, work salary, any cash received on a regular basis)
  - If parent get paid in cash or with corporate check that does not include hourly rate and hours worked, must have employer complete verification of employment form.
  - If parent is self-employed, must bring work calendar indicating hours worked and amounts earned in a six week period, as well as matching receipts, income expense statement if applicable, and last year's taxes if available
  - If parent is disabled, proof of disability award amount
  - If child support is applicable must provide proof i.e. letter from absent parent stating amount and frequency of income (does not need to be notarized), or print out from child support website
  - If receiving food stamps must provide proof of benefits, such as letter from Department of Children and Families indicating account number and amount of benefit
- Name, phone number, and address of provider selected to enroll child/ren receiving care

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Para Familias en la lista de espera del programa de School Readiness con una cita

## Por favor traiga lo siguiente a su cita

- Identificación válida con foto del padre
- Prueba de domicilio si es diferente a la identificación con foto
- Certificado de nacimiento de los niños que viven en su hogar (incluya los niños que no están recibiendo cuidado infantil para obtener el tamaño de la familia)
- Tarjetas de seguro social, si están disponibles (no es obligatorio)
- El ingreso total de los padres (incluyendo manutención de los hijos, pensión alimenticia, SSI, SSA, el desempleo, el salario de trabajo, dinero en efectivo recibido de forma regular)
  - Si padre se les paga en efectivo o con cheque corporativo que no incluya la tasa horaria y las horas trabajadas, el empleador debe tener completar la planilla de verificación de trabajo
  - Si el padre trabaja por cuenta propia, debe traer calendario de trabajo que indique las horas trabajadas y las cantidades devengadas en un período de seis semanas, así como recibos, y declaración de gastos los ingresos en su caso, y de los impuestos del año pasado, si están disponible
  - Si el padre está deshabilitado, traiga la prueba del importe de adjudicación discapacidad
  - Si recibe la manutención de los hijos, debe de traer una carta del padre ausente indicando la cantidad y la frecuencia de los ingresos (no tiene que ser notariada), o imprimirlo del sitio web de manutención
  - Si recibe estampillas de comida debe proporcionar la prueba de los beneficios, como la carta del Departamento de Niños y Familias que indica el número de cuenta y la cantidad del beneficio
- Nombre, número telefónico y la dirección del proveedor seleccionado para el cuidado infantil del niño

Instructions: **TO BE COMPLETED ENTIRELY, SIGNED, AND DATED BY EMPLOYER.**

Please print legibly, do not use white-out on this form, and initial changes. In order to determine the eligibility of the individual listed for child care services, assist by answering the questions below. Information will be verified by Coalition Eligibility staff.

Employee Name (Last, First, Middle Initial)	Job Title:	Current Employment Start Date:
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## SECTION 1: LOSS OF INCOME

Last date of employment, if applicable:	
Is the loss of income <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	If temporary, when do you expect the employee to return to work?
If temporary, will the employee be eligible for any type of compensation during their leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type? Amount \$ Frequency:

## SECTION 2: EMPLOYEE INFORMATION

Income Information is to reflect four (4) weeks current and consecutive pay

DATE PAY RECEIVED (List Most Recent Pay)	GROSS EARNINGS BEFORE ANY DEDUCTIONS (Includes Overtime, Shift Differential, Tips, Etc.)	NUMBER OF HOURS WORKED
1.		
2.		
3.		
4.		

Days Worked: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Work Schedule:	From <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	To <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	or Varied Hours
Hourly Rate:		# Hours/Week:	
Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly			
Eligible for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how frequently is overtime worked?	
Eligible for tips, commissions, bonus pay, or shift differential? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how frequently?	
Is employment seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, season begins                      season ends	

## SECTION 3: EMPLOYER INFORMATION

Company Name	Address	Telephone Number
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*By my signature below I certify that the information given is true and complete. I understand that it is against the law to give false information or assist someone else to receive benefits under false pretense. These actions could result in termination of further services and possible referral to the Department of Financial Services, Public Assistance Fraud Division for further investigation, pursuant to Chapter 414.39, Florida Statutes. Under penalty of perjury, I declare that I have read the above information and that the facts stated are true.*

Employer (Print Name)	Employer's Title	Employer's Signature	Date
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