



The Community Services Block Grant (CSBG) will provide Day Camp Scholarships to eligible campers. The purpose of the Day Camp Scholarship Program is to provide a safe environment for youth during the summer months. Additionally, this program will enable youth to avoid risk-taking behavior for a defined period of time.

To be eligible for this program the applying household must meet the minimum criteria below:

- **Household must reside in Seminole County**
- **Household's income must be at or below 125% of the federal Poverty Limit**

In addition, the household's child(ren) must meet the following criteria to be determined eligible:

- **Child(ren) must reside in Seminole County (at least 50% of the time or full-time during the summer months); and**
- **Child(ren) must be 4 years old entering kindergarten to 12 years old.**
- **Attendees must bring the following documents to the appointment:**
  - Completed application for services
  - Valid Florida ID or Valid Florida Driver's License for all household members 18 years of age or older
  - Require to provide Social Security cards for all household members and proof of citizenship or permanent resident for the parents as well as the children.
  - Birth Certificates for all children in the household
  - Verification of Residency: Current Mortgage Statement/Current Lease Agreement signed by all parties and current utility bill dated within the last 30 days (electric, water or gas) in customers name or other adult in the household
  - Documentation of all household income for the past 6 weeks (This includes earnings, child support, cash assistance, social security benefits, pensions, etc)

***Please review the 2015 Summer Day Camp Appointment Checklist for more information about the documents that are required to be included with the application.***

**125% of Federal Poverty Limit (2015)**

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$14,713	\$19,913	\$25,113	\$30,313	\$35,513	\$40,713	\$45,913	\$51,113

Day Camp Scholarships range from one (1) week to a ten (10) week program, depending on the day camp provider chosen.

Interested applicants must call **407-960-2486** to schedule an appointment. Applications will be accepted beginning Wednesday, April 29, 2015. Applications will be accepted on a first ready, first served basis, pending funding availability. Visit the Early Learning Coalition website at [www.seminoleearlylearning.org](http://www.seminoleearlylearning.org) >downloads>parents for additional eligibility forms.

The Early Learning Coalition of Seminole Office is located at 280 Hunt Park Cove, Longwood, Florida, 32750.





### **CSBG Day Camp Eligibility Criteria**

The Community Services Block Grant (CSBG) will provide Day Camp Scholarships to eligible campers. The purpose of the Day Camp Scholarship Program is to provide a safe environment for youth during the summer months. Additionally, this program will enable youth to avoid at-risk taking behavior for a defined period of time.

To be eligible for the program, the applying household must be a resident of Seminole County and have a gross household income at or below 125% of the 2015 Federal Poverty Level.

All applicants are required to submit a completed application to be considered eligible for enrollment into the program. Applications are available at the Early Learning Coalition of Seminole office or on line at [www.seminoleearlylearning.org](http://www.seminoleearlylearning.org). If the parent appears to be eligible during the application pre-screening process, the family will be scheduled to attend an eligibility appointment at the Early Learning Coalition office with an Eligibility Specialist to enroll into the day camp program. Applications will be accepted on a first come, first served basis, pending funding availability. Failure to provide all required documentation at the eligibility appointment will result in a reschedule appointment and may result in the missed opportunity for child care openings have been filled.

The family must provide documentation as outlined in the 2015 Summer Day Camp Appointment Checklist including, proof of identify, proof of age and guardianship for all children in the household, proof of U.S. Citizenship, proof of residency in Seminole County, proof of employment or educational status (if applicable), proof of disability (if applicable) and proof of all unearned income and the summer day camp location chosen for their child(ren).

All families are required to pay a weekly co-payment to the summer day camp as their portion of the subsidized scholarship program. The weekly co-payment will range from \$11.50 per week to \$27.50 per week per child based on a sliding fee scale. The parent co-payment is determined based on Office of Early Learning Sliding Fee Scale based on the annual gross income and number of persons residing in the household. This payment is non-negotiable and families unable to pay the co-payment may not be enrolled or may be dismissed from the camp program early due to non-compliance with program requirements. This co-payment strengthens the commitment for the child to attend the program on a daily basis to promote the mission of the program funding.

The family will agree that the child(ren)'s attendance in child care is important and agree to report absences to the camp program as they occur. The program will pay for 3 undocumented absences and up to 7 documents absences each month realizing the parent may be required to pay for days not paid by the Coalition. Unreported absences of five or more days could result in the loss of child care slot and or/termination of assistance.

The family will also agree to sign the child(ren) in and out each day they are in care including the time of drop off and pick up at the camp. The Coalition monitors the camp's attendance records and if determined this requirement is not met, the payment for those days will be disallowed and the camp has the right to request full payment from the family.



# 2015 Summer Day Camp Appointment Checklist

## Early Learning Coalition of Seminole

280 Hunt Park Cove, Suite 1020 Longwood, FL 32750-7567 (407) 960-2486

Please read the following information carefully about your upcoming appointment. You will not be enrolled if you fail to provide ALL applicable documents. For two parents residing in the same household, the following should be submitted for each separately. Visit the Early Learning Coalition website at [www.seminoleearlylearning.org](http://www.seminoleearlylearning.org) >downloads>parents for additional eligibility forms.

- Require to provide Social Security cards for all household members**
- Proof of Identity/Photo ID:**  
Florida Driver's License or state issued identification card
- Proof of Age and Guardianship for all children in the household:**  
U.S. Birth Certificate including the parent name, court order or other legal documentation substantiating relationship to the child.
- Proof of U.S. Citizenship for the parents and all children (0-15) to enroll in services:**  
U.S. Birth Certificate, valid U.S. passport, lawfully admitted alien document (Form I-94, I-94A, I-197 & I-766) with non U.S. passport, certificate of citizenship or naturalization, or social security card.
- Proof of Residency in Seminole County:**  
Utility Bill (water, gas or electric) within last 6 weeks, lease agreement for current calendar year or signed and dated rent receipt with complete name and address.
- Proof of Employment (as applicable below):**
  - Last six weeks current, consecutive paystubs, including name, hours worked and rate of pay,
  - ELC of Seminole Employment Verification Form (new job only),
  - If Self-Employed- Notarized SE logs, last six weeks current and consecutive with business expenses, current business license and current tax return including schedule C,
  - If Cash Employed- Notarized Cash logs, last six weeks current and consecutive as employed by a legally operating business,
  - If paid by personal check- checks must document gross income and hours worked on each check.
- Proof of Disability:**  
Social Security Award Letter for current year (including case number). ELC Disability Form is also required.
- Proof of Unearned Income:**  
Last six weeks current, consecutive income of the following:
 

• Child Support	• RCG
• Social Security Payments for self and children	• Food Stamps
• TANF	• Re-Employment Benefits
	• Veteran's Benefits
- All adults in the household are required to sign the Notice Regarding Collection of Social Security Numbers**
- You must be on time for your appointment.** If you are 10 minutes late, you will be rescheduled.
- You must choose a summer camp provider before coming to your appointment.**
- Your children will be enrolled to attend summer camp for the entire session of the camp program. Failure to attend the program will result in early termination of services.**
- You will be required to pay a parent-co payment to the child care provider based on your gross income and family size. Failure to pay the required co-payment will result in immediate termination of services.**





# Application for Child Care Funding



Using blue or black ink, please complete sections A, B, and C, then sign and date. *Do not use white-out.*

COALITION USE ONLY			
<b>ELIGIBILITY:</b>	Funding Agency	Funding Contract	Eligibility
<b>AUTHORIZATION DATES:</b>	Eligibility Authorized From	Next Redetermination Date	Purpose for Care

## A. PARENT/GUARDIAN IDENTIFYING INFORMATION

Applicant Last Name	First Name	MI	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race	Social Security Number (optional)
Home Phone Number	Work Phone Number		Email Address		Marital Status	
Street Address		City	County	State	Zip	Family Size in Household
Mailing Address (if different)		City	County	State	Zip	Primary Language in Home
Other Parent/Guardian Name (if in household)			Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race	Social Security Number (optional)

## B. CHILDREN REQUIRING CARE

Name of Child Needing Care	Applicant's Relationship	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race	U.S. Citizen <input type="checkbox"/> Y <input type="checkbox"/> N	Social Security Number (optional)	Date of Birth	Second Parent (if not in household) Name: City: State:	COALITION
								Daily Fee FT / PT
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			Name: City: State:	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			Name: City: State:	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			Name: City: State:	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			Name: City: State:	

## C. OTHER HOUSEHOLD MEMBERS

Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race	Relationship to Applicant	Relationship to Children Above
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

You have the right to apply for assistance and to have a determination of your eligibility without regard to race, sex, age, disability, religion, national origin, ethnic background, marital status or political belief. If you have a disability that substantially limits your access to the ELC, please inform us so that reasonable accommodations can be made that do not cause you undue burden or hardship.

**PRIVACY ACT STATEMENT:** Social Security numbers are requested on this form under s.119.071 (5)(a)2., F.S., for the use in the records and data system of the Florida Office of Early Learning and Early Learning Coalitions. Social Security numbers will be used for routine data requests, state and federal reporting requirements, identification, and to verify eligibility for the School Readiness Program, including, but not limited to family income. Submission of social security numbers on this form is voluntary and not a condition of enrollment in the School Readiness Program.

I certify that the above information is true and complete to the best of my knowledge.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

ELC Eligibility Specialist \_\_\_\_\_ Date \_\_\_\_\_



OFFICE OF  
**Early Learning**  
LEARN EARLY. LEARN FOR LIFE.

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_





Terms and Conditions for Financial Assistance



You have been determined eligible for school readiness services and must comply with the following terms and conditions to become and/or remain eligible. By your initials and signature on this form, you understand fully and agree to the following terms and conditions.

- \_\_\_\_\_ I have the right to choose my child care provider. If I need assistance in choosing quality child care services, I will contact the Early Learning Coalition of Seminole Child Care Resource & Referral at (407) 960-2460.
- \_\_\_\_\_ I have the right to choose from all available, legally operating child care arrangements and providers including: licensed centers, licensed homes, registered home, faith-based care, school-based programs, in-home care, relative care, or other informal arrangements and have access to my child(ren) anytime they are in care.
- \_\_\_\_\_ I have the right to a notification of any decision, including reductions in or termination of services.
- \_\_\_\_\_ I have the right to receive copies of the records of your information and those of you're my child(ren). These records will be protected by confidentiality guidelines. No information will be released without my prior consent with the exception of records related to school readiness payments that may be released to appropriate federal and state auditors.
- \_\_\_\_\_ I have the right to be treated with respect and receive services without being discriminated against because of ethnic background, race, color, creed, national origin, sex, religious belief, disability, age or affiliation or belief.
- \_\_\_\_\_ I have the right to voluntarily submit my social security number with the understanding that non-submission does not eliminate School Readiness services from being offered to my family under the Privacy Act of 1974.
- \_\_\_\_\_ I have the right to refuse services from the Coalition if I feel it is appropriate to do so.
- \_\_\_\_\_ I agree to notify the ELC's Family Services Department in writing, **within 10 days of any change**, that could affect my eligibility including, **but not limited to**:
  - **Employment:** changes of employer, pay, work hours/schedule, loss of employment
  - **Family Status:** marriage, divorce, separation, parent of any child residing in the home, birth of child
  - **Income Change:** begin receiving or stop receiving any income and other income changes
  - **Residence/Contact Info:** address changes, phone numbers, etc.
  - **Maternity Leave**
- \_\_\_\_\_ I agree to provide documents or information required by ELC within the designated time period realizing that my services may be suspended or terminated otherwise. I understand that if I fail to recertify on or before the last day authorized or the services will be terminated. If this occurs, I will be solely responsible for my child care costs and I must call to be placed on the waiting list (if eligible).
- \_\_\_\_\_ I have received information on the various types of child care choice available. I understand that some funding sources limit my child care choices. I have had all child care choices explained to me and have made my choice of my own free will. I understand the selected child care provider must allow me to visit my child(ren) while they are in care.
- \_\_\_\_\_ I agree to pay the assessed parent fee and any additional charges that I may incur. This parent fee is due whether or not the child(ren) are in care and on ELC approved holidays. These charges may include but not be limited to late fees, returned check fees, cost of care in excess of the Coalition maximum reimbursement rate, etc. I understand that it is my responsibility to request/receive a receipt for parent fees paid to the provider and notify the ELC if I am denied a receipt. I further understand that **Parent Fees are not negotiable**, as stated by the program and any action or attempt to have the parent fee lowered or waived by the Provider will be considered a violation of Florida Statute 414.39. A parent fee waiver can only be authorized by a judge.
- \_\_\_\_\_ I understand that I cannot transfer my child until all parent fees are up to date. If I transfer my child prior to obtaining authorization from the ELC, I will be responsible for the full cost of care until I obtain authorization.
- \_\_\_\_\_ I understand that my child(ren)'s attendance in child care is important and agree to report absences to the child care provider as they occur. I understand that this program will pay for up to 3 undocumented absences and up to 7 documented absences each month realizing I may be required to pay for days not paid by the Coalition. Unreported absences of five or more days could result in loss of the child care slot and/or termination of my assistance, requiring me to re-apply to the Wait List.
- \_\_\_\_\_ I understand I or my designee must sign my child(ren) in and out **each day** they are in care using my or my designee's full first and last name and time of drop off/pick up. I further understand that if the Coalition monitors my provider's attendance records and determines that I have not complied with this requirement, the payment for





those days will be disallowed and the provider has the right to request full payment from me. *I will Sign In and Out for my child only on the dates when they attend class at the selected Provider; furthermore, if any dispute occurs related to this matter, I understand that I am responsible to notify the Coalition immediately in writing for further investigation. Failure to report to the Coalition and failure to sign my child In and Out could result in the loss of school readiness services temporarily or permanently, repayment of the services and/or referral to the Florida Department of Financial Services for investigation.*

- I give consent for review/release/exchange of all information provided to determine my eligibility including, but not limited to, contacting the current or previous employers for verification of employment information, etc. I agree that necessary information concerning my child may be released to other appropriate agencies.
I give consent for all State and Federal funder agencies or funder personnel to review my record for evaluation or monitoring purposes. In addition, I understand that agency records relating to the program may be public records under Chapter 119, Florida Statutes.
I understand that this program receives funding from Government Agencies and that from time to time their representative may request access to any or all Agency records relating to this program and/or the delivery of its services for the purposes of evaluating or monitoring the program or delivery of service. I understand that any records provided to them shall become public records, may be subject to any applicable state or federal exemptions, and be inspected by third persons.
I understand The Florida's Office of Early Learning and the Early Learning Coalition has the right to initiate and/or receive data either through direct contact or an automated data exchange process to establish the validity of household information provided by the applicant/recipient to receive program benefits. This will include, but not necessarily be limited to, social security benefits, birth dates and/or all sources of potential and reported earned and unearned income sources. (Employment records, unemployment benefits, TANF, Child Support, etc.)
I understand the ELC and/or my chosen child care provider will provide routine and ongoing developmental and health screenings. I give consent to these screenings with the understanding that I will receive the results and my child's current child care provider will be given a copy of the screening results. I give permission to the ELC and/or my child care provider to exchange information regarding the above mentioned developmental and health screening results.
I understand that if I do not wish to have my child(ren) screened, I must complete form OEL-SR 24 - Parent Option to Decline Child Screening and submit to ELC for my child(ren)'s file.
I understand that early learning services are based solely on client eligibility, availability of funds, and enrollment priorities. These services are not an entitlement. I understand that if I am deemed ineligible for services through termination, suspension, etc., I may have to go on a wait list and my eligibility for the wait list must be approved.
I understand that at any time I do not agree with a decision (i.e. decreased, fees increased, terminated or denied) regarding my child care funding, I have a right to appeal that decision. I must notify the ELC staff in writing of my request to appeal and that I wish a supervisory review of my case within ten days of any detrimental decision regarding my case.
I understand that if the value of the public assistance or identification wrongfully received, retained, misappropriated, sought, or used is of an aggregated value of \$200.00 or more in any 12 consecutive months, based on Florida Statute 414.39, Title XXX, Social Welfare, it is considered that such person commits a felony of the third degree, and may be punishable as provided in S. 775.082, S. 775.083, or S. 775084.

I certify that the information given in my application is true and complete to the best of my knowledge.

I understand that if I knowingly provide false information, hide information, pretend to be someone else, do not give all the information needed about me or others, omit requested information, sign inaccurate attendance documents or fail to promptly report changes in order to obtain benefits to which my child(ren) are not entitled, or to increase the benefits, I will be guilty of unlawful behavior (Florida Statute 414.39, Title XXX, and Social Welfare). Then I can be required to pay back unauthorized subsidy payments and denied further services. I will be liable for financial restitution and may be referred to the Florida Department of Financial Services for action and my child care funding will be terminated. The ELC will investigate suspected fraud cases.

Parent/Guardian Signature Date

ELC Staff Signature Date





**NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS  
COMMUNITY SERVICES BLOCK GRANT PROGRAM**

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Community Services Block Grant Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.

A social security number collected pursuant to this notice can only be used by the Florida Department of Economic Opportunity and \_\_\_\_\_ (subgrantee) for the purposes specified above.

**Nondisclosure except under limited circumstances.**

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

**Acknowledgment of Receipt of Notice**

I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Community Services Block Grant Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature