

CCEP Pre-Screening Form

Company Name: _____
 Employee Name: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Number: _____ Work Number: _____ Cell Number: _____

Marital Status: Married Single Single living with companion

Total number of adults in your household: _____ **Total family size:** _____

Do all adults in the household work at least 20 hours a week? Yes No

You may be eligible if your family size is: (select one)

- 2 and your annual family income is less than \$26,400 5 and your annual family income is less than \$46,800
 3 and your annual family income is less than \$33,200 6 and your annual family income is less than \$53,600
 4 and your annual family income is less than \$40,000 7 and your annual family income is less than \$60,400

If eligible, daily fees will be based on your total family size and type of child care service

Name of Child (Last, First, MI)	Date of Birth	Social Security (If applicable)

Mail or fax this completed form to:
Early Learning Coalition of Orange County
Att: Child Care Executive Partnership (CCEP)
P.O. Box 540387
Orlando, FL 32854
Fax: 407-749-0282

You will be contacted by phone within 3 working days of receiving this form for an eligibility appointment.

How may we contact you? Home phone Work phone Cell phone
 What time is usually best to contact you? Morning Afternoon Evening

Signature of Authorized Company Representative: _____
 Title: _____ Today's Date: _____
 Phone: _____ Fax: _____

