



**For ELC Use Only:**  
 ELC Received Date: \_\_\_\_\_  
 ELC Processed Change: \_\_\_\_\_

**School Readiness Eligibility Report Change Form**

Submit completed form AND supporting documentation to the Early Learning Coalition of Orange County by fax to (407) 588-9252. 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 \_\_\_\_\_  
*[ELCOC Employment Verification form AND paystubs for new jobs, ELCOC Physician Statement form, school schedule/ELCOC Educational Verification form, child support report, court order, current 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, ELCOC notarized letter of separation]*

- 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 pay stub, government issued document]*

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

**Termination of Services Request**

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