



Change in Purpose for Care

This form is used to document your employment or school enrollment status that affect your eligibility for the School Readiness program. Changes are required to be reported within 10 calendar days per Chapter 6M-4, Florida Administrative Code. When you fail to report changes within ten (10) calendar days, you may be reported to FDLE/DEL for suspected fraud and/or you may be responsible for the repayment of funds during the time period you received services but were not eligible.

Please complete this information needed to determine your continued eligibility:

Name of Employer/School last reported to ELCOC: _____

Last date of employment or school attendance: ____/____/____

Please explain your employment/school history between your last date at the employer/school listed above and your first date at your current employer/school. List any other jobs you worked or educational trainings in between:

Name of CURRENT Employer/School: _____

First date of employment or school enrollment: ____/____/____

**This form does not replace required proof of employment/school enrollment. Refer to the Document Checklist for all other required documentation.*

I hereby certify that I am aware that I am required to notify ELCOC of any changes that happens during the authorized period for child care assistance in the purpose for care, family size, and income within ten (10) days. 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.) that the information provided on this form is true and complete to the best of my knowledge. I am aware that if I knowingly provide false, misleading, or incomplete information it may result in the denial of services, and I may be reported to the Department of Law Enforcement Division of Public Assistance Fraud to be prosecuted for fraud.

CLIENT PRINTED NAME

CLIENT SIGNATURE

DATE