



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 at 407-588-9262. 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)
I have attached the required documentation. [Examples of acceptable documentation listed in bold below]

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: