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Parental Rights and Responsibilities/Terms and Conditions

Enrolled Child *FIRST NAME LAST NAME*

Child Date of Birth *01/01/2022*

Parent Name *FIRST NAME LAST NAME*

I understand I have the right to be notified of decisions made regarding my services and the right to appeal any decision, including reductions in or termination of services.

I understand that services will be provided based on placement priorities (section 1002.87, F.S.), and availability of funding. I must recertify on or before my last day of authorized care or my services will be terminated. If termination occurs, I will be fully responsible for my child care costs. To reapply for services, I must submit a new application in the Family Portal.

I understand my information may be shared with other state and local agencies for the purposes of program administration and public assistance fraud prevention.

I understand that if this is my first 12-month eligibility determination, or subsequent 12-month eligibility determination where my income remains at or below 150% of the federal poverty level (FPL), it is my responsibility to report within 14 calendar days of any change of circumstances related to:

- Address
- Temporary/Non-temporary work or education
- Family size
- Failure to maintain attendance at a job training or education program
- Income exceeds 85% of the state median income (SMI)

I understand that after my first eligibility determination for subsequent 12-month eligibility periods, where my income exceeds 150% federal poverty level and I am considered to be in graduated phase-out from the program, it is my responsibility to report within 10 calendar days of any change of circumstances related to:

- Address
- Temporary/Non-temporary work or education
- Family size
- Failure to maintain attendance at a job training or education program
- Income exceeds 85% of the state median income (SMI)
- Any changes in income

I understand that the coalition or contractor will not discriminate against my family on the basis of race, national origin, ethnic, background, sex, religious affiliation or disability.

I understand that if I am assessed a parent copay by the coalition or contractor for participation in the School Readiness (SR) Program, I must satisfactorily fulfill my copayment obligation before I will be allowed to transfer to another SR Program provider. Satisfactory fulfillment of the copayment obligation is defined as immediate payment of the outstanding copayment obligation or establishment of a repayment plan for the outstanding copayment obligation.

I understand that I have the right to unlimited access to my child during normal hours of child care provider operation and whenever the child is in the provider's care.

I understand that I have the right to confidentiality of my child's or children's information and the right to inspect, review and request a copy of my child's or children's SR records.

I understand that as a parent, I have the right to choose from a variety of child care categories, including center-based care, faith-based care, family child care and informal child care to the extent authorized in the state's Child Care and Development Fund State Plan that the United States Department of Health and Human Services approved pursuant to 45 CFR s. 98.30.

I accept the coalitions/contractor's determination of my income and household size used to assess my parent copay.

Please contact your [early learning coalition](#) for immediate assistance.

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