

# Early Learning Coalition of Florida's Heartland, Inc.

[www.elcfh.org](http://www.elcfh.org)

## VERIFICATION OF DISABILITY

Dear Physician:

In order to determine if your patient is eligible for subsidized child care services and exempt from work requirements due to age or disability, please assist us by completing this form in its entirety. **Return to ELCFH by:** \_\_\_\_\_

If you have any questions, please contact **Family Services** at: [CS@elcfh.org](mailto:CS@elcfh.org)

Client Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

I give consent to release my medical information to the **Early Learning Coalition of Florida's Heartland, Inc.** (ELCFH) to determine my eligibility for child care services.

Client Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**This form is to be completed by a *PHYSICIAN LICENSED under Chapter 458 or 459, F.S.***

- 1) Is there a medical disability?  Yes  No Effective date of disability: \_\_\_\_\_
- 2) Is this condition  Permanent or  Temporary?  
→ If temporary,
  - please indicate the possible duration (# of months) or end date: \_\_\_\_\_
  - what is the date of the next visit at your office: \_\_\_\_\_
- 3) Does the disability prevent the client from being employed? Yes  No
- 4) Does this disability limit the client from caring for his/her children? Yes  No   
→ If yes, describe the limitations: \_\_\_\_\_
- 5) Does this disability require child care outside of the home? Yes  No   
→ If yes, child care services are needed:  
 Part-time (3 to 6 hours per day) or  Full-time (6 to 11 hours per day).

\_\_\_\_\_  
Printed Name of Licensed Physician

\_\_\_\_\_  
Physician's License Number

\_\_\_\_\_  
Signature of Licensed Physician

\_\_\_\_\_  
Date Form Completed & Signed

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Updated: 05/14/26



United Way  
of Central Florida

### Charlotte Office

18501 Murdock Circle, Ste 200  
Port Charlotte, FL 33948  
Phone: (941) 255-1650  
Fax: (941) 255-5856

### Highlands Office

6432 US HWY 27 South  
Sebring, FL 33876  
Phone: (863) 314-9213  
Fax: (863) 314-4480



DIVISION OF  
**Early Learning**  
LEARN EARLY. LEARN FOR LIFE.



**INVESTING IN CHILDREN – INVESTING IN OUR FUTURE**