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CHILD CARE SCHOLARSHIP PARTICIPANT AGREEMENT

Parents/Guardians you **MUST** acknowledge the statements below by signing your name and dating at the bottom of the page. By signing you indicate that you were provided with the opportunity to discuss each topic below with a Family Services staff and/or that during a face to face interview a CCC Family Services staff adequately explained each topic to you. That you further understand you were able to discuss any questions you may have had, and that you fully understand what is expected of you and your family to receive and for continued receipt of a child care scholarship(s).

1. REPORT ALL CHANGES WITHIN 10 DAYS:

I understand that I am required to notify CCC, in writing, within 10 calendar days if changes occur in any of the following situations: Where I live; Where I work; My household income; My household size; My reason for care; When I start or stop school or training; When I remove my child from care; When I start or stop working and/or any other changes that can affect child care scholarship eligibility. **Please Note: Failure to report changes may result in the loss of your child care scholarship funding.**

2. PARENT'S CHOICE:

I have received written information on the types of legal child care within Pinellas County and I was given the opportunity to discuss this information with a CCC Family Services staff. I have also received information regarding the Voluntary Prekindergarten (VPK) program for qualified 4 year old children. I understand that I may freely select the type of care that best meets the needs of my child(ren) and family as applicable within the funding requirements for which I am eligible. I further agree to hold Coordinated Child Care of Pinellas, Inc. (CCC) and all of CCC funders harmless from any liability arising from the childcare site selection I have made. I further understand that I will be responsible for charges acquired from a provider who has not completed CCC School Readiness Approval Process.

3. ELIGIBILITY INFORMATION CERTIFICATION:

I certify that I have reviewed and that I have been provided with an opportunity to discuss with CCC Family Services staff the eligibility information I provided on myself, my child(ren) and other household members for child care scholarship determination and that the information regarding the income of my family and the number of people living in my household is true and complete to the best of my knowledge. I fully understand that any omissions, falsifications or misrepresentations may disqualify my child(ren) from participating in child care scholarship programs and that I am liable for prosecution under the law. I also understand, that if it is determined that my family received benefits that they were not entitled to receive because of omissions, falsifications, misrepresentations or failure to report changes timely, that I may lose the right to receive future benefits and may be responsible for repaying those benefits that I was not entitled to receive.

4. RELEASE OF INFORMATION:

I hereby give authorization for CCC to receive/obtain employment, income and school/training information necessary to determine my eligibility to receive child care scholarship(s). I further authorize that the information received/obtained by CCC can be shared for eligibility determination, fee determination, referral and service delivery purposes among CCC School Readiness Collaborative Partners (Pinellas County Head Start, FDLRS Gulfcoast Associate Center, and Early Steps Program) I further authorize Coordinated Child Care of Pinellas, Inc. (CCC) to release any information provided to CCC for child care scholarship(s) as well as release of employment, income and school/training information to Local, State and/or Federal Law Enforcement agencies as requested.

5. RESPONSIBILITIES:

I have received written information about my "Rights and Responsibilities" and had the opportunity to discuss these with a CCC Family Services staff. I fully understand these expectations and that my failure to comply with scholarship rules may result in termination of the child care scholarship for my child(ren).

6. CHILD CARE RESOURCE AND REFERRAL (CCR&R):

I understand that services are available through CCR&R including providing detailed lists of all licensed/legal exempt child care or allowable care based on my child (ren) personal needs and/or funders requirements and I have been provided with the opportunity to inquire about and/or access these services. I understand the educational information about, child development, developmentally appropriate practices and identifying and selecting quality childcare is also provided through CCR&R.

7. LIMITED FUNDING NOTICE:

I understand that child care scholarship(s) is/are dependent upon the availability of funds from state and local sources. Historically, the availability of funding fluctuates during the course of the year and at times is not available. CCC is approving this child care scholarship(s) for your child(ren) at this time. However, CCC is informing you that if the funding situation changes, the scholarship(s) may end. You will receive a minimum of 10 days notice from the mailing date if and when your scholarship(s) ends. The only time a parent may **not** receive 10 days notice prior to the loss of scholarship(s) funding is if you fail to report a change in your family circumstance timely and that makes you ineligible; then the child care scholarship may end immediately.

8. RIGHT TO APPEAL:

I understand that anytime I do not understand or agree with a decision regarding my child care scholarship funding I have a right to appeal that decision. I need to notify CCC Family Services staff in writing and request a supervisor case review to begin the process. I understand it is recommended that I keep copies of **ALL** paperwork provided by me or to me by CCC to determine my eligibility. Please call Family Services at 547-5700. (For a copy of Customer Dispute Resolution Procedure, please ask staff)

9. NOTICE OF SOCIAL SERVICES ASSISTANCE:

I have been informed that if I have a social service need I may contact "2-1-1" Tampa Bay by phone (or 727-562-1542 by cell phone) for social service assistance 24 hours per day. I may also request to be provided a *family needs questionnaire* that I may complete and return to CCC. CCC will in turn provide information in locating relevant social service support.

I acknowledge that I have fully reviewed this document and fully understand its contents and my responsibilities as the Parent/Guardian. Until such time that a change in policy or procedures warrants a revision or resigning, I agree that this remains in effect.

SIGNATURE of Parent/Guardian

PRINTED Name of Parent/Guardian

Date