



6500 102 Avenue North, Pinellas Park, FL 33782  
(727) 547-5700 ChildCarePinellas.org  
The Source for Quality Child Care and Family Support Services

## Disability/Medical Condition/Developmental Delay Verification Form

Dear Medical Provider:

In order for a parent/guardian to qualify for a child care scholarship with a disability, the disability must prevent them from caring for the child(ren) on a full time basis without assistance. **If applicable, please answer the following questions to assist us in determining the applicant's eligibility.**

Print Parent or Guardian's Name: \_\_\_\_\_ SSN: (optional) \_\_\_\_\_

**Eligibility for child care scholarship based on a parent/guardian disability:**

Choose one:

Is permanently disabled.       Is temporarily disabled until about \_\_\_\_\_       Is not disabled.

**Brief description of disability:**

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**If disabled, does the parent/guardian need assistance in providing full time care for the child(ren):**     Yes     No

If yes, briefly explain how disability prevents parent/guardian from caring for the child(ren) on a full time basis.

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Medical Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Medical Provider's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Provider's Office Address: \_\_\_\_\_