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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. **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:

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.

Medical Provider's Signature: _____ **Date:** _____

Print Medical Provider's Name: _____ **Phone Number:** _____

Medical Provider's Office Address: _____