

CCEP Pre-Screening Form

Company Name: _____		
Employee Name: _____		
Home Address: _____		
City: _____	State: _____	Zip Code: _____
Home Number: _____	Work Number: _____	Cell Number: _____

Marital Status: **Married** **Single** **Single living with companion**

Total number of adults in your household: _____ **Total family size:** _____

Do all adults in the household work at least 20 hours a week? **Yes** **No**

You may be eligible if your family size is: (select one)

- 2 and your annual family income is less than \$29,140 5 and your annual family income is less than \$51,580
- 3 and your annual family income is less than \$36,620 6 and your annual family income is less than \$59,060
- 4 and your annual family income is less than \$44,100 7 and your annual family income is less than \$66,540

If eligible, daily fees will be based on your total family size and type of child care service

Name of Child (Last, First, MI)	Date of Birth	Social Security (If applicable)

Mail or fax this completed form to:
Early Learning Coalition of the Big Bend Region
Att: Child Care Executive Partnership (CCEP)
325 John Knox Road F-140
Tallahassee, FL 32303
Fax: 850-386-9800

You will be contacted by phone within 3 working days of receiving this form for an eligibility appointment.

How may we contact you? Home phone Work phone Cell phone

What time is usually best to contact you? Morning Afternoon Evening

Signature of Authorized Company Representative: _____	
Title: _____	Today's Date: _____
Phone: _____	Fax: _____

