



Early Learning Coalition of the Big Bend Region, Inc  
Request for Information/Required Documentation

1940 North Monroe Street, Suite 70  
Tallahassee, Florida 32303  
850-385-0504

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

**The Early Learning Coalition of the Big Bend is required by Florida Statutes to obtain the following documentation from all Parents/Guardians. According to our records we need the documents marked below from you to meet eligibility requirements. If you are unable to obtain any of the documents listed below please contact your local Coalition office for further assistance.**

- Valid/Current Photo ID of the Parent/Guardian: \_\_\_\_\_
- Verification of Age and Citizenship for: \_\_\_\_\_  
(Birth Certificate, Passport)
- Current Immunization Record for : \_\_\_\_\_
- Proof of Residency: (Lease Agreement showing all members residing in household, utility bill, rent receipt showing physical address, government document, pay stubs).
- Proof of Household Size: (Lease Agreement showing all members residing in household or divorce decree).
- Proof of Earned Income: (Pay stubs from employer (6 weeks of current/consecutive check stubs), Completed Verification of Employment Form, 1099 or Federal Tax Return, Personal Business Records if Self Employed).
- Proof of Unearned Income: (Child Support, Social Security Benefits, Alimony Unemployment Compensation, Workers Compensation).
- Copy forwarded to DCF, Workforce or their contracted provider.
- Other: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Failure to provide the requested documents by the date listed below may result in termination of services  
**Please provide the requested information above before:** \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ELC Family Support Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

**Your appointment is scheduled for:** \_\_\_\_\_ **at** \_\_\_\_\_ **am/pm**