



Work/Activity/School Schedule



Please complete this form for each adult in the household.

Applicant #1

Name: _____ SSN# _____

Place of Employment/Activity/School: _____

Address: _____

Supervisor Name: _____ Phone #: _____

Does your work schedule vary? _____ Are you asked to work extra hours or days? _____

Are you at work more than 9 hours a day? _____ yes, _____ no, _____ sometimes

Do you work nights/weekends? _____ I normally work _____ hours per week.

Days and Hours I normally work/activity/school each week are:

Example	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Mon 6AM – 4PM							

Applicant #2

Name: _____ SSN# _____

Place of Employment/Activity/School: _____

Address: _____

Supervisor Name: _____ Phone #: _____

Does your work schedule vary? _____ Are you asked to work extra hours or days? _____

Are you at work more than 9 hours a day? _____ yes, _____ no, _____ sometimes

Do you work nights/weekends? _____ I normally work _____ hours per week.

Days and Hours I normally work/activity/school each week are:

Example	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Mon 6AM – 4PM							

I understand that my school readiness services are in part based on my employment or qualifying work activity. If a change occurs you must notify the Early Learning Coalition **within 24 hours** of the change, and submit documentation **within 48 hours** on employer letterhead. The name of the supervisor, or company contact, and phone number at which they can be contacted must be provided, as the Coalition will verify the changes. The documentation may be submitted in person, via fax, or scanned and emailed to SReligibility@elcescambia.org.

If I fail to report such changes, services for my child may be terminated.

Parent/Guardian signature: _____ Date: _____

Eligibility Services Specialist: _____ Date: _____

Authorized hours of care per week (including transportation): _____