**SCHOOL READINESS PROGRAM**

**REPORT OF HOUSEHOLD CHANGE**

Required reporting of changes in household conditions must be submitted to the ELC within ten (10) calendar days of the change. This form is used to document required and voluntary reports of changes in household conditions and it must be supported by acceptable documentation, where indicated. Acceptable documentation is described in **400.03: SCHOOL READINESS PROGRAM PARENT HANDBOOK,** as amended, which is available at all ELC offices.

**Instructions**: Complete Section 1 and indicate the type of change(s) you are reporting by placing a check mark in the appropriate box(es) in Section 2. Attach supporting documentation as instructed. Read and complete the Client Statement in Section 3 and submit to the ELC by U.S. mail, email, fax, or in person.

**SECTION 1: CLIENT INFORMATION**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip Code**

**SECTION 2: REPORT OF HOUSEHOLD CHANGES: Check all that apply**.

* **Change in Contact Information:** Enter new contact information in Section 1 and indicate the date the information will/has change(d):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* **Loss of Employment**: Name of Household Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last day of employment: \_\_\_\_\_\_\_\_\_\_\_\_
* **Loss of Education:** Name of Household Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last day of class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Changes in income in excess of 85% of state median income:** Date of change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Departing Household Member:** If a household member has permanently departed your home, complete the information below and submit this form to the ELC.

Name of departing household member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date departed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **New Household Member:** If an individual has entered your household, complete the information below and submit this form to the ELC.

Name of new household member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_

Social Security # **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date member entered the household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Change in Marital Status:** If your marital status has changed, indicate the date of the change and your new status.If you were recently married, please **also** report this change under **New Household Member**.

Date of change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status change to: [ ] Married [ ] Separated [ ] Divorced [ ] Widowed

* **New Employment:** If you or any other household member has changed jobs, complete this form and request your employer to complete ELPOP 400.04 Verification of Employment (sections 2, 3 and 6) and submit it to the ELC.
* **Change in Wage or Work Schedule**: If you or any other household member has a change in wage or work schedule, submit this form and request your employer to complete ELPOP 400.04 Verification of Employment (sections 2, 4 and 6) and submit it to the ELC.
* **Changes in Education:** If a household member has a change in his or her class schedule or a household member recently enrolled in school, submit this form to the ELC and request theeducational institution to complete ELPOP 400.06: Verification of Education and submit it to the ELC.
* **Changes in earned and unearned income that is less than 85% of the state median income:**  Submit documentation of income such as paystubs, a court order (for changes in child support income), etc.
* **Other**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3: CLIENT STATEMENT**: I certify that the information I have provided here, as well as all attachments, are true and correct. I understand that it isagainst the law to receive School Readiness services for my child/children by giving false information or failing to update pertinent information and if I do so, I may be prosecuted under Florida Statute 414.39, Public Assistance Fraud. I understand that I will be required to payback assistance that I wrongly receive for my children.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date

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| **ELCNC Office**382 N Suncoast BlvdCrystal River, FL 34429352-563-9939352-563-5933 Fax |