



SCHOOL READINESS PROGRAM REPORT OF CHANGE



Changes in household conditions must be reported to the ELC within ten (10) calendar days of the change. **This form must be used to report changes and it must be supported by acceptable documentation.** All referenced IRMO forms are available at www.elcirmo.org and in 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 email or in person.

SECTION 1: CLIENT INFORMATION

Parent/Guardian Name: _____ Phone Number: _____

Address: _____

Email Address: _____

SECTION 2: REPORT OF HOUSEHOLD CHANGES:

FAMILY STATUS:

- Change in Residency:** Date of change: _____. *You must attach proof of residency.
- Departing Household Member:** Name of departing household member: _____ Date departed: _____
*You must complete and attach IRMO-SR10 Verification of Separation.
- New Household Member:** Name of new household member: _____ Date entered: _____
 - Child (*Attach birth certificate and proof of custody if applicable)
 - Adult (*Attach 6 consecutive current weeks of pay stubs/school schedule along with financial aid printout)
- Change in Marital Status:** Date of change: _____. Status change to: Married Separated Divorced Widowed
* You must attach the Marriage License, completed IRMO-SR10 Verification of Separation, Divorce Decree or Death Certificate.

EMPLOYMENT: Name of Household Member: _____ Date of change: _____

- New Employment / Additional Employment:** *Your employer must complete IRMO-SR06 Verification of Employment (sections 2, 3 and 7) and you must attach it to this report.
- Change in Wage or Work Schedule:** *Your employer must complete IRMO-SR06 Verification of Employment (sections 2, 4 and 7) and you must attach it to this report.
- Medical Leave:** *Your physician must complete IRMO-SR07 Verification of Disability and Your employer must complete IRMO-SR06 Verification of Employment (sections 2, 6, and 7) and you must attach it to this report.
- Loss of Employment:** * Your employer must complete IRMO-SR06 Verification of Employment (sections 2, 5, and 7 completed) and you must attach it to this report or attach other loss of employment documentation such as a separation or termination notice written on company letterhead.

EDUCATION: Name of Household Member: _____ Date of change: _____

- Enrolled in School:** *You must attach the current School Schedule and Financial Aid Statement if applicable.
- Other:** _____

UNEARNED INCOME:

Date of change: _____. Indicate the type of unearned income that has changed and the new monthly amount received.
Check all that apply. *You must attach an award letter.

- | | | | | | |
|---|-----------------|---------------------------------------|-----------------|--------------------------------------|-----------------|
| <input type="checkbox"/> Child Support | Amount \$ _____ | <input type="checkbox"/> TANF | Amount \$ _____ | <input type="checkbox"/> Food Stamps | Amount \$ _____ |
| <input type="checkbox"/> Relative Caregiver | Amount \$ _____ | <input type="checkbox"/> Unemployment | Amount \$ _____ | <input type="checkbox"/> Other | Amount \$ _____ |

SECTION 2: CLIENT STATEMENT:

I certify that the information I have provided here, as well as all attachments, are true and correct. I understand that it is against 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 of Client _____ Signature _____ Date _____