

**Parental Rights and Responsibilities / Terms & Conditions**

Please initial each item to verify agreement.

**You have the right:**

- \_\_\_\_\_ To be notified of decisions and the right to appeal any decision, including reductions in or termination of services.
- \_\_\_\_\_ To have your eligibility determined without being discriminated against the basis of race, national origin, ethnic background, sex, religious affiliation or disability.
- \_\_\_\_\_ To unlimited access to your child during normal hours of provider operation and whenever the child is in the provider's care.
- \_\_\_\_\_ Of parental choice in selecting a child care provider, understanding that the provider you choose must contract with ELCIRMO in order for us to help you pay for your child care. If your services are based on a protective services referral, the chosen provider must be at-risk approved for ELCIRMO payment.
- \_\_\_\_\_ To change your child care provider at any time, a Provider Transfer Form must be obtained from the current provider and submitted to ELCIRMO prior to transferring to another provider. I understand that I will be responsible for the full cost of care until the transfer has been authorized by ELCIRMO.
- \_\_\_\_\_ To confidentiality of child information and the right to inspect, review and request a copy of your child's School Readiness record.
- \_\_\_\_\_ To have your child, birth to the age of school entry, participate in a developmental screening and to be informed of any screening results.
- \_\_\_\_\_ To be informed of the results of any pre/post assessments that may be administered.

**You have the responsibility:**

- \_\_\_\_\_ **To provide written notification of any change of circumstances within 10 calendar days** related to change in address, temporary/non-temporary employment or education program, failure to maintain attendance at a job training or education program, income exceeds 85% of State Median Income (SMI) or family size.
- \_\_\_\_\_ **To pay parent fees** to participate in the School Readiness Program. **Non-payment in parent fees** may result in a termination of services and the inability to transfer child care providers. ELCIRMO pay a daily rate which varies depending upon your child's age, schedule and which provider you choose. ELCIRMO does not pay registration, supply/material, late, differential (difference between ELCIRMO daily rate & provider's standard charge) or any other miscellaneous fees.
- \_\_\_\_\_ To provide all documentation needed to process your case within the time limits given to you.
- \_\_\_\_\_ To sign-in and sign-out each child at their child care site every day the children are in attendance. Retroactive signatures constitute fraud and are not acceptable.

**Consents:**

- \_\_\_\_\_ I understand that School Readiness services are subject to availability of funding and enrollment priorities.
- \_\_\_\_\_ I give consent for release of information to Office of Early Learning and the Department of Financial Services, Division of Public Assistance Fraud if false information is provided or there is other reason to suspect fraud.
- \_\_\_\_\_ I authorize the Office of Early Learning and the Early Learning Coalition to initiate and/or receive data either through direct contact or an automated data exchange process to establish the validity of household information provided to receive program benefits. This will include but not necessarily be limited to: social security benefits, birth dates, immunization status and/or all sources of potential and reported earned and unearned income sources (employment records, unemployment benefits, TANF, child support, etc.).
- \_\_\_\_\_ I give consent for the release of information to the Department of Children and Families and/or the Division of Public Assistance Fraud and/or the local Early Learning Service Provider relating to my eligibility and to make inquiry into all statements or information given in the application.
- \_\_\_\_\_ I understand that my child is expected to attend my chosen child care program every day and that 5 consecutive unexcused absences may result in dismissal from the program.
- \_\_\_\_\_ I understand that if my child has been referred for child care by DCF or local referring agency, my child care provider must contact the referring agency when my child is absent in compliance with the Rilya Wilson Act.
- \_\_\_\_\_ If I am a Martin County resident, I agree that pre/post assessments and demographic information pertaining to my child may be used by the Children's Services Council of Martin County (CSCMC) to evaluate the program's effectiveness. I understand that CSCMC will keep all identifying information provided it confidential.

**By signing, I acknowledge that I have read and agree to comply with all rights, responsibilities and consents as stated above.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

