

# Early Learning Coalition of Florida's Heartland, Inc.

[www.elcfh.org](http://www.elcfh.org)

## VERIFICATION OF EDUCATION

I give consent for release of my education information to the Early Learning Coalition of Florida's Heartland, Inc. (ELCFH) to determine my eligibility for child care.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Dear Education Facility,

In order to determine the eligibility of our client listed below for child care services, please assist us by answering the questions below and returning this form to us.

**Please return this form to:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

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

**Title or Course Name:** \_\_\_\_\_ **Classes start date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Number of days attending in week:** \_\_\_\_\_ **Total hours per week:** \_\_\_\_\_

**Name of Instructor:** \_\_\_\_\_

By signing this document, I am certifying the above information to be true and correct to the best of my knowledge and that the Early Learning Coalition of Florida's Heartland, Inc. may contact my agency to verify any of the above information for the said client.

**Signature of staff completing form** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Name of Educational Facility** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **Date Form Completed:** \_\_\_\_\_

**Address of Educational Facility:** \_\_\_\_\_



**Charlotte Office**  
2886 Tamiami Trail, Suite 1  
Port Charlotte, FL 33952  
Phone: (941) 255-1650  
Fax: (941) 255-5856

**DeSoto/Hardee Office**  
4 West Oak Street, Suite H  
Arcadia, FL 34266  
Phone: (863) 494-5233  
Fax: (863) 494-5291

**Highlands Office**  
6432 US HWY 27 South  
Sebring, FL 33876  
Phone: (863) 314-9213  
Fax: (863) 314-4480



*"INVESTING IN CHILDREN – INVESTING IN OUR FUTURE"*