



Please return to: Early Learning Coalition of Pasco & Hernando Counties

Caseworker: _____ Ext. _____

Disability/Medical Conditions/Developmental Delay Verification Form

Dear Medical Provider:

In order for a parent/guardian to qualify for subsidized child care with a disability, the disability must prevent them from caring for the child(ren) on a full time basis without assistance. **If applicable, please answer the following questions to assist us in determining the applicant's eligibility.**

Print Parent or Guardian's Name: _____ SSN: (optional) _____

Eligibility for subsidized child care based on a parent/guardian disability:

Choose one:

Is permanently disabled. Is temporarily disabled until about _____. Is not disabled.

Brief description of disability:

If disabled, does the parent/guardian need assistance in providing full time care for the child(ren)? Yes No

If yes, briefly explain how disability prevents parent/guardian from caring for the child(ren) on a full time basis.

Medical Provider's Signautre: _____ Date: _____

Print Medical Provider's Name: _____ Phone Number: _____

Medical Provider's Office Address: _____