



## ELS – Bridge Application Form



All families receiving a State or Federal subsidy whose children ages 0-5 are being cared for by an Early Learning Scholarship (ELS) provider **may be eligible** for ELS-Bridge if they lose their State or Federal subsidy. ELS-Bridge is a portable, voucher-based subsidy which a family may use to remain with their current facility, or with any ELS provider of their choice. To be considered for ELS-Bridge funding, providers must complete this application no later than 19 days before the effective date of their termination from their subsidy. If a subsidy is ending due to a child aging out, please submit the application as early as possible. Due to limited funding, **not all applications for ELS-Bridge funding will be approved.**

To refer a currently enrolled San Francisco family who has become ineligible to receive their State or Federal subsidy to ELS-Bridge, please complete this application, then submit it along with a copy of the following documents by email at [authorizations@childrenscouncil.org](mailto:authorizations@childrenscouncil.org) OR by fax at (415) 343-3381:

1. Updated CD-9600 form (**must include most recent** family members, contact info, family size, income, etc.)
2. Termination Notice of Action (NOA)

If the application is approved, the family will be assigned to a Family Subsidy Specialist (FSS), who will authorize a 30-day enrollment in ELS-Bridge (if the child will stay enrolled at your site) and issue paperwork to the parent and provider. The FSS will also contact the family via phone to confirm the 30-day authorization and schedule an intake appointment within 30 days to meet the family. At the intake appointment, the FSS will verify and update any necessary information, and determine if the authorization can be extended beyond the 30 days. Please note that the Family Fee level may change after the intake appointment based on the family's information.

If the application is not approved, Children's Council will notify the provider and family.

Name of FCC or Center	Parent/Guardian Name	
Parent/Guardian Address	ZIP Code	Parent/Guardian Phone
Child's Name	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No Child staying with current FCC/Center?
Child's Name	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No Child staying with current FCC/Center?

**Desired Child Care Schedule\***

Day of the week	Start time	End time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
<b>Total Weekly Hours</b>		

\*Please indicate the hours desired by both parent and provider. Please note the hours do not have to align with parent's activity – flexibility is encouraged to meet the needs of parents, providers, and child's educational needs.

Provider Signature	Printed Name	Date	Contact #
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