



Family Agreement Form

San Francisco Early Learning Scholarship - Gap on Title 5

Complete all shaded areas

The San Francisco Office of Early Care & Education (OECE) provides Early Learning Scholarships to eligible families to ensure they have access to quality programs that meet their needs and that they can afford. Your early care and education provider benefits from investments in quality and financial support from OECE to help pay the cost for eligible children.

Please complete the following three steps:

- **Consent for Child Development Services**
- **Acknowledged of Requirement to Access State and Federal Funding, if eligible**
- **Acknowledged the Attendance Requirement.**

Step 1: Consent for Child Development Services

As the parent/guardian of a child receiving an Early Learning Scholarship, I give permission for my child(ren) to receive the services described below. The purpose of these services is to understand and address my child’s needs within the context of our family and/or the child care program in which we are enrolled.

Developmental screening using the Age & Stages Questionnaire or other research-based process for early identification of developmental delays	Consultation with ECE program staff and/or with qualified specialists regarding my child’s development and/or behavior
Consultation with family regarding my child’s development and/or behavior.	Developmental assessment using the Desired Results Developmental Profile (DRDP)

I understand that the above information regarding my child is confidential and may not be given to employees of other schools, public agencies or individual professionals in private practice without my consent or other legal requirement. My signature on this form provides permission for results of the above-listed service(s) to be shared among staff at my child’s program and with consulting staff working directly with my child(ren). Consent for release of information and authorization of communication shall be for the purpose of understanding and addressing my child(ren)’s needs. This consent is voluntary and I understand that I can withdraw my consent for my child at any time. Unless I withdraw this consent, this authorization will be effective for the period my child is continuously enrolled in this program. By signing below I am confirming that I have read, understood and agree to the above conditions and services.

CONSENT FOR CHILD DEVELOPMENT SERVICES

PARENT/GUARDIAN SIGNATURE _____

DATE _____

NOTE: In accordance with the Health Insurance Portability and Accountability Act (HIPPA) and applicable California laws, all personal and health information is private & protected.

PRINT PARENT/GUARDIAN NAME _____

Step 2: Notice about Requirement to Access State and Federal Funding, if eligible

The Office of Early Care & Education (OECE) is trying to maximize the availability of local, state and federal funding so that the greatest number of families will be served. If no longer eligible for your current state funding, the OECE and its partners may determine that, in order to remain eligible for services with your current provider, your family would be

required to switch to an alternative state or federal funding source. If appropriate, moving your family to a different state or federal funding to continue your child(ren)'s child care would mean that more local funding is available to other families.

I understand that if the OECE or its partners determine my family is eligible for other state or federal funding to continue my child(ren)'s child care with their existing provider, I will be required to switch to the applicable state or federal funding. I agree to work with my provider and the agency administering the state or federal subsidy to complete all necessary paperwork and transfer processes within a reasonable amount of time, not to exceed more than 60 days from the date I received my notice of state/federal funding eligibility. I understand that if I do not comply with the steps needed to switch to the applicable state or federal funding that my family is eligible for, I will lose the current locally funded portion of my Early Learning Scholarship and child care may be terminated. By signing below I am confirming that I have read, understood and agree to the above conditions.

ACKNOWLEDGEMENT OF REQUIREMENT TO ACCESS STATE OR FEDERAL FUNDING, IF ELIGIBLE

By signing below, I acknowledge my understanding of the requirement to access applicable state or federal funding and that if I do not comply in the timeframe stated that my Early Learning Scholarship funded by the Office of Early Care & Education will be terminated.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Step 3: Notice about Attendance Requirements

Your program's staff will do all the necessary work to verify to the Office of Early Care & Education (OECE) that their program meets the established quality standards for an OECE funded ECE program.

Regular attendance, according to your enrollment agreement with the ECE program, is required by all families whose enrollment is funded by OECE.

Illness and family emergencies are "excused absences" and are explained in your provider's policies or handbook. In addition, OECE-funded children are allowed up to 10 (ten) additional excused absences during the Program Year. These additional 10 absence days include absences for any reason that does not qualify as illness or family emergencies, such as vacation, time with a parent or relative, etc.. Given limited resources, OECE must terminate funding in instances where the child exceeds 10 of these absences (often referred to as "best interest of child" days by some programs).

Your ECE program staff will familiarize you with their process for verifying daily attendance (such as signing-in and signing-out regularly), and establishing reasons for absences. Please be aware that exceeding the maximum allowable unexcused absences will result in your program losing the funding that supports your child's enrollment and you could lose your space in the program.

ACKNOWLEDGEMENT OF ATTENDANCE REQUIREMENT

By signing below, I acknowledge my understanding of the Attendance Requirement and understand that excessive "unexcused" absences may result in termination of the Office of Early Care & Education funding that supports my child's enrollment.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____