



FACILITY INFORMATION

Name of Facility	Provider ID:	Provider ID Extension
Address		
City	Zip	
Phone Number	Fax Number	
E-mail	Employer Identification Number (EIN):	

FAMILY INFORMATION

How may we contact the family? Home phone Work phone Cell phone

What time is usually best to call? Morning Afternoon Evening

Marital Status: Married Single Single living with companion

Total number of adults in your household: _____ Total family size: _____

Do all adults in the household work at least 20 hours a week? Yes No

Employee's Name:	Last 4 digits of SS#
Address:	City Zip Code
Phone	Fax

CHILD(REN) INFORMATION

Name of Child (LAST, FIRST, MI)	Last 4 digits of SSN	Date of Birth	Provider name and care needed (FT or PT)
			<input type="checkbox"/> FT <input type="checkbox"/> PT
			<input type="checkbox"/> FT <input type="checkbox"/> PT
			<input type="checkbox"/> FT <input type="checkbox"/> PT
			<input type="checkbox"/> FT <input type="checkbox"/> PT
			<input type="checkbox"/> FT <input type="checkbox"/> PT



AUTHORIZED BUSINESS REPRESENTATIVE INFORMATION

Name			
Signature			
Title		Date	
Phone		Fax	

Submission steps:

1. Complete this form
2. Complete a redetermination package (found here: http://www.elcmdm.org/our_services/ccep.html)

THEN

Mail or drop off complete package at your local Early Learning Coalition Service Center

South Service Center

The Centre at Cutler Bay
 Condominium
 18951 SW 106 Ave.
 Unit B-208
 Miami, FL 33157

Central Service Center

United Way Building
 3250 SW 3rd Avenue
 Miami, FL 33129

North Service Center

Golden Glades Office Park
 1515 NW 167th Street, Suite 320
 Miami Gardens, FL 33169

Service Center Hours

Monday: 9:00 a.m. to 5:00 p.m.
 Tuesday: 9:00 a.m. to 5:00 p.m.
 Wednesday: 9:00 a.m. to 5:00 p.m.
 Thursday: 10:00 a.m. to 6:00 p.m.
 Friday: Not open to the public
 Saturday: 10:00 a.m. to 1:00 p.m. (Last Saturday of each month)