San Francisco Department of Early Childhood

Early Learning for All (ELFA)
Provider and Family-Initiated Enrollment Request Form (Non-MRA Centers and FCCs)

The Department of Early Childhood is committed to addressing families' immediate needs for childcare and early education. To support this, non-MRA ELFA-validated programs can conduct an eligibility check that allows families to begin services immediately if they meet the income and San Francisco residency requirements and/or are case-managed by Compass.

This policy and process are intended to expedite access to ELFA voucher-funded early childhood education in any non-MRA ELFA-validated program to all eligible families, regardless of the program setting.

With this Provider and Family-Initiated Enrollment Request form, a non-MRA ELFA-validated program can begin providing Early Care and Education to children of an eligible family. This precertification request is valid for 30 days from the date the request is submitted to one of DEC's contract agencies: Children's Council, Wu Yee or Compass Family Services.

This form applies to Enrollment Types: ELFA Fully Funded & ELFA Tuition Credit Non-MRA Centers and FCCs.

For Fully Funded voucher enrollments, please send this form to:

- Children's Council of San Francisco – support@childrenscouncil.org

For Fully Funded or Tuition Credit voucher enrollments, please send this form to:

- Wu Yee Children's Services – Resource and Referral- 1-888-644-4300 or Email: randr@wuyee.org

For families case-managed by Compass, please send this form to:

- Compass Case Manager

INSTRUCTIONS:

- **ECE program and families must review, complete, and sign this form before submitting it to Children's Council, Wu Yee Children's Services or Compass Family Services.**
- **Complete the Family Information Section by providing the information listed below. This section is required, and incomplete information may result in the cancellation of the enrollment request.**
  - Name(s) of the parent(s)/legal guardian(s).
  - Family's San Francisco residency and contact information.
  - Names of all children under 18 years of age living in the household.
  - To the best of their knowledge, families must circle the income/family size box that best represents their family.
- **Fill out the Program Information section completely. Incomplete information may result in a delay in extending enrollment beyond 30 days.**

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FAMILY INFORMATION SECTION:

Name(s): Parent A:_____ **Parent B:**_____

Address:_____ **City:**_____ **Zip Code:**_____

Contact Email (if any):_____

Phone Number:_____

Family Size:_____

Children in the Family (Include all children under 18 living in the household):

Child's Name *(Include all children under 18 living in the household)*	**Date of Birth**	**Enrollment Start Date** *(If applicable)*	**Child Care Site** *(If applicable)*	**Schedule** *(If applicable)*

Family Income Information:

INCOME ELIGIBILITY FOR ELFA FULLY FUNDED & TUITION CREDIT FUNDED ENROLLMENTS
Families may qualify for an ELFA Fully Funded enrollment if their family gross income is in the 0% to 110% Area Median Income (AMI) range, or an ELFA Tuition Credit if their family income is over 110% AMI, but at or below 150% AMI.

Circle the family size and income eligibility ceiling that best represents the family's income received and family size. Family can only select one section, either the Fully Funded or the Tuition Credit.

FULLY FUNDED – FAMILY INCOME ELIGIBILITY CEILING (110% OF AMI)						
Family Size 1 or 2	**Family Size 3**	**Family Size 4**	**Family Size 5**	**Family Size 6**	**Family Size 7**	**Family Size 8**
$11,429	**$12,858**	**$14,287**	**$15,429**	**$16,575**	**$17,716**	**$18,854**
TUITION CREDIT FUNDED – FAMILY INCOME ELIGIBILITY CEILING (150% AMI)						

Family Size 1 or 2	Family Size 3	Family Size 4	Family Size 5	Family Size 6	Family Size 7	Family Size 8
$15,587	$17,533	$19,483	$21,037	$22,600	$24,158	$25,712

The numbers above represent the MAXIMUM amounts families can earn to be determined eligible for ELFA funding.

☐ **Not Applicable – Family is case-managed by Compass Family Services**

IMPORTANT NOTE: Children's Council or Wu Yee will verify the family's information before extending the authorization beyond 30 initial days.

PROGRAM INFORMATION

Program Name (As it appears in Community Care Licensing record): _____

Name of Owner (if different from program name): _____

Address: _____ City: _____Zip Code: _____

Licensed Capacity: _____ Current number of children enrolled in the program: _____

Please indicate the effective dates of ELFA funding for the child's enrollment. This information must correspond to the start and end dates of the 30 days of child care services and payment while the family gathers the required income and SF residency documentation through Provider and Family-Initiated Enrollment.

ELFA-Funding Dates			
Start Date:		**End Date:**	

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ENROLLMENT POLICY INFORMATION AND AGREEMENTS

- Family and Program understand and agree that this is a temporary enrollment for 30 days.
- Locally funded ELFA enrollments are eligible for funding until the child reaches kindergarten age.
- Families who qualify for ELFA Fully Funded enrollments may not be charged additional fees, per the program's Early Learning for All Participation Agreement. When programs become ELFA qualified, they agree to accept the ELFA Fully Funded tuition amount as covering the full cost of tuition for the program year. No other charges may be required from the family. ELFA Tuition Credit enrollments may be charged additional fees as long as these fees apply to private paying families as well.
- The provider may not charge ELFA Tuition Credit families a higher tuition rate than other private paying families enrolled in the program. The credit must be applied to the provider's published rate.
- Program agrees to the DEC's published reimbursement rate applicable to the child's age group.
- Family and program understand and agree that presentation of additional income and SF residency must be submitted within 30 days so that enrollment can be extended, with the exception of families case-managed by Compass.

SIGNATURES

I declare, under penalty of perjury, that all the above family and income information provided is true and accurate. I understand that I must submit all required income and SF residency documentation within 30 days of completing this form, and I have not been officially approved for services until I am notified by the program that my child(ren) has been enrolled in the program.

Parent/Caregiver's Name: _____

Parent/Caregiver's Signature: _____ **Date:** _____

I declare, under penalty of perjury, that all the above family and income information is true and accurate as verified by the signatory (i.e., the provider representative) below and all income and SF residency documentation will be certified within 30 days of completing this form.

Child Care Agency: _____

Provider's Name: _____

Provider's Signature: _____ **Date:** _____

FOR RECEIVING AGENCY USE ONLY

Date Provider and Family Enrollment Referral Form was received: _____

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Date Provider and Family Enrollment Referral Form was assigned internally for follow-up: _____

Date child care program received confirmation/certificate of enrollment: _____

Verification by (Supervising Staff Name): _____ Date: _____

Contact email, phone number: _____