

ELC Assigned Control #:

The Early Learning Coalition of Southwest Florida

2675 Winkler Ave  
Fort Meyers FL, 33901



OCA or VECHS #:

E36040046 (Level 2)

## LIVSCAN INFORMATION FORM

### PERSONAL INFORMATION

<b>LAST</b> Name					
<b>FIRST</b> Name				Middle Name:	
Other names you have been known by:					
Home Address	<i>(physical address)</i>				Apt./Unit #
City		State	Zip	Phone	

### IDENTIFYING INFORMATION

Eye Color:	(Current) Hair Color:	Height	Weight	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> unknown	
Social Security No.	Place of Birth: (If US – city, state or Territory)		Date of Birth:		
Race: <input type="checkbox"/> Caucasian/Mexican <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American			Country of Citizenship:		

### BUSINESS INFORMATION

Does the facility or agency in which you are employed or seeking employment provide School Readiness or VPK services in conjunction with the Coalition?  Yes  No  Don't Know If unknown, what is primary focus of your agency's business?

Name of employing facility or agency:					
Address of Employing agency:				<b>EMPLOYER E-MAIL Address:(required):</b> wynetta.upshaw@elcofswfl.org	
City	State	Zip	Phone:		

*Please check facility type and your position:*

**Method of Payment**

Child Care Center:	<input type="checkbox"/>	Owner/Operator /Director	<input type="checkbox"/>	<b>Personal Check:</b> <input type="checkbox"/>	<b>Personal Credit Card:</b> <input type="checkbox"/>
Family Child Care Home	<input type="checkbox"/>	New employee applicant	<input type="checkbox"/>	<b>Check from facility:</b> <input type="checkbox"/>	<b>Facility Credit Card:</b> <input type="checkbox"/>
Non-Public School	<input type="checkbox"/>	employee	<input checked="" type="checkbox"/>	<b>Money Order/Cashier's Check:</b> <input type="checkbox"/>	
Other:	<input type="checkbox"/>	substitute	<input type="checkbox"/>	<b>Prepaid on website:</b> <input type="checkbox"/> If Yes, identify confirmation #	
	<input type="checkbox"/>	Family or household member	<input type="checkbox"/>	<b>Cash:</b> <input type="checkbox"/>	
	<input type="checkbox"/>	Volunteer/other	<input type="checkbox"/>	<b>Illegible retake with TCR Number:</b> No charge <input type="checkbox"/>	

I affirm that the information I have provided above is correct, accurate and truthful to the best of my knowledge. I also understand that if I pay by a check with insufficient funds, I will be responsible for the original charge and additional fees required by the bank and Coalition.

**Applicant Signature:**

**Date:**

**FOR COALITION USE ONLY (DO NOT WRITE BELOW)**

**Comments**

**FP Processed by:**

**DATE Completed:**