



## CCEP PRE-SCREENING AND APPOINTMENT REQUEST

CENTER Name _____		Employer ID # (EIN) _____
Center Address _____		City _____ Zip _____
Phone: _____	Fax: _____	E-Mail: _____
Signature of Authorized Representative _____	Print Name _____	Date _____

EMPLOYEE Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ Best time to call:  AM  PM

Date early care and education is needed: \_\_\_\_\_

Name of Child (Last, First, Middle Initial)	Date of Birth	Type of Care Needed
		<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

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

You maybe eligible if you family size is (select one):

- 2 and your annual family gross income is less than 29,420
- 3 and your annual family gross income is less than 37,060
- 4 and your annual family gross income is less than 44,700
- 5 and your annual family gross income is less than 52,340
- 6 and your annual family gross income is less than 59,980
- 7 and your annual family gross income is less than 67,620
- 8 and your annual family gross income is less than 75,260
- 9 and your annual family gross income is less than 82,900
- 10 and your annual family gross income is less than 90,540

*If eligible, daily fees will be based on your total family size and type of child care service*

Preferred Appointment Time :  Morning  Afternoon

For Miami-Dade Employees, complete this form and email or fax to the Eligibility Office that serves the zip code where employee resides.

For Monroe employees, fax form to Kathy Snyder at 809-5010.



**MIAMI-DADE COUNTY  
DEPARTMENT OF HUMAN SERVICES  
CHILD DEVELOPMENT SERVICES BUREAU  
ELIGIBILITY SERVICES DIVISION**



**LISTING OF OFFICES AND THEIR CORRESPONDING ZIP CODES**

<p style="text-align: center;"><b>Frankie Shannon Rolle Neighborhood Service Center</b> 3750 South Dixie Highway Miami, FL 33133 PH: 305-694-3510 FAX: (305) 441-9097 (305)441-9096 <b>Barbara Thomas-Robinson</b> EMAIL: <a href="mailto:BTHR@miamidade.gov">BTHR@miamidade.gov</a></p>		<p style="text-align: center;"><b>Miami Gardens Neighborhood Center</b> 16405 N.W. 25 Ave. Room #101 Miami Gardens, FL 33054 PH: 305-626-7969 FAX: (305) 628-0130 (305) 474-3095 (305) 474-3009 <b>Nathasis Sonny</b> EMAIL: <a href="mailto:P61417@miamidade.gov">P61417@miamidade.gov</a></p>		<p style="text-align: center;"><b>Naranja Neighborhood Service Center</b> 13955 S.W. 264 St. Miami, FL 33032 PH: 305-258-5471 FAX: (305) 257-0999 (305) 258-0704 (305) 258-2505 <b>Carmen Gutierrez-Mesa</b> EMAIL: <a href="mailto:CGUMESA@miamidade.gov">CGUMESA@miamidade.gov</a></p>	
33109	33136	33010	33154	33030	33176
33122	33137	33012	33160	33031	33177
33125	33139	33013	33161	33032	33182
33126	33140	33014	33162	33033	33183
33127	33141	33015	33166	33034	33184
33128	33142	33016	33167	33035	33185
33129	33143	33018	33168	33039	33186
33130	33144	33054	33169	33156	33187
33131	33145	33055	33178	33157	33189
33132	33146	33056	33179	33158	33190
33133	33155	33138	33180	33170	33192
33134	33165	33147	33181	33172	33193
33135		33150		33173	33194
				33174	33196
				33175	