

Temporary Suspension Request

This is not a Voucher

The parent listed below is requesting a temporary suspension from the School Readiness program:

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please specify the child(ren)s last day at your center/home is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Date)

Before the temporary suspension can be completed, your information about the parent co-payment is necessary. Please mark the appropriate box:

Parent co-payments are current and “Paid in Full”.

Parent currently owes $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Parent has made arrangements to pay the amount owed.

**Note:** If at any time the parent fails to honor a repayment agreement, the provider should contact ELC immediately.

I understand that the parent listed above has requested a temporary suspension. I will not request reimbursement for the child(ren) listed after the last day of care listed above. I understand that I am under no obligation to hold a space open for the child(ren).

Center Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name of person signing above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ELC Use Only:

Date this form Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Transfer Authorized \_\_\_\_\_\_\_\_\_\_\_\_\_

Resource and Eligibility Specialist\_\_\_\_\_\_\_\_\_\_\_\_ Date Case Notes Updated \_\_\_\_\_\_\_\_\_\_\_\_\_

**Milton Fax: 983-5312 Gulf Breeze fax: 916-5423**