



Provider Transfer Request
Parent Form
(To be completed by Parent)
This is not a Voucher

Please complete the following to request a provider transfer for your children:

Parent Name: _____ Daytime Phone #: _____

Current Address: _____

Children to be transferred:

Child Name: _____

Child Name: _____

Child Name: _____

Child Name: _____

My current provider _____
(Current Provider)

Last day of care will be _____
(Date)

Do you currently owe any parent fees to this provider? Yes ___ No ___
(A transfer will not be authorized if parent co-payments are not paid in full or satisfactory arrangements have not been made to pay the balance)

Requested new provider _____
(New Provider, if known)

Date I wish children to start: _____
(Date)

Reason for transfer: _____

Please allow three (3) working days for this request to be processed by the Resource and Enrollment Specialist.

Parent Signature: _____ Date: _____

ELC Use Only:

Date this form Received: _____ Date Authorized _____

Resource and Eligibility Specialist _____ Date Case Notes Updated _____

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

Updated 7.26.18



**Early Learning
Coalition
of Santa Rosa County**

**Provider Transfer Request
Provider Form**
This is not a Voucher

The parent listed below is requesting a transfer to a different school readiness provider:

Parent Name: _____

Child Name: _____

Child Name: _____

Child Name: _____

Please specify the child(ren)s last day at your center/home is _____
(Date)

Before the transfer process 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.

A transfer will not be authorized if parent co-payments are not paid in full or satisfactory arrangements have not been made to pay the balance due to you.

I understand that the parent listed above has requested a provider transfer. I will not request reimbursement for the child(ren) listed after the last day of care listed above.

Center Name: _____

Authorized Signature: _____ Date Signed: _____

Please print name of person signing above: _____

ELC Use Only:

Date this form Received: _____

Date Transfer Authorized _____

Resource and Eligibility Specialist _____

Date Case Notes Updated _____

Directions: The provider should complete this form and return it to the ELC within 1 business day via fax.
Milton Fax: 983-5312 Gulf Breeze fax: 916-5423