



# 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**