



EARLY LEARNING COALITION OF PINELLAS COUNTY, INC.

Request for Justification of Excessive Absences Form for School Readiness Funding

In accordance with Rule 6M-4.500 F.A.C., reimbursement shall be authorized for no more than three (3) absences per calendar month per child except in the event of extraordinary circumstances. In the case of extraordinary circumstances, the Coalition shall provide written approval for payment based on written documentation provided by the parent/guardian justifying the excessive absence (s) for up to an additional seven (7) days. **This form is only required for absences beyond three (3) in the reimbursement calendar month. Extraordinary circumstances does not include vacation, recreational time or transportation issues. Please complete this form in its entirety. This form must be submitted by the provider with the current month's attendance in order for the extraordinary absences to be considered for reimbursement.**

Provider Name: _____

Federal ID/SSN: _____

Child's Name: _____

Last 4 of Child's SSN: _____

Billing Group: _____

Enter the child's absence dates as well as the Extraordinary Circumstance Reimbursement Code from the list below.

Date						
Code						

Extraordinary Circumstance Reimbursement Codes

1. Hospitalization of the child or parent with the appropriate documentation. Please submit documentation from the hospital or from the doctor with the dates of the hospitalization clearly noted.
2. Illness requiring an at home-stay as documented by the parent or the doctor. If illness required a doctor visit, please submit a doctor's note. If illness did not require a doctor's visit, then please submit only this form.
3. Death in the immediate family with submission of an obituary, death certificate, memorial card or funeral home document. Immediate family is defined as a parent, step parent, grandparent or sibling of the child.
4. Court ordered visitation with submission of the court order each month in which the order is to be enacted.
5. Unforeseen documented military deployment or exercise of the parent(s) with submission of the orders.

Parent/Guardian Signature _____

Date _____

Provider Signature _____

Date _____

This form must be signed and dated by the parent/guardian and the provider. The signature date must be later than the last absence date.

Please refer to the folder REIMB_SR-Excessive Absence Forms and Documents in the Document Library of your Provider Portal for the status.