

TEMPORARY TERMINATION REQUEST AND REINSTATEMENT FORMS

Please read, complete form (in full), print, sign and return by mail or fax

In order for your child to be absent from an ELC School Readiness Scholarship child care program without jeopardizing your eligibility, parent(s)/guardian(s) must comply with the following requirements:

1. Temporary Termination is to allow families to maintain child care scholarship eligibility during verified scheduled temporary breaks child care. Parent/Guardian(s) who anticipate absences from 10 to 90 days may be granted a Temporary Termination
2. Parent(s)/Guardian(s) are required to complete and submit the Temporary Termination Request form that is **signed by the parent and by the provider** to the Family Services Department **at least 72 hours before the date of Temporary Termination is needed**. If the completed request is submitted after the start date of the temporary termination than the parent/guardian may be responsible for any charges that may be incurred with their child care provider.
3. **Assigned parent co-payments must be paid in full prior to submitting a request for Temporary Termination in order for your request to be approved/processed**. It is the **parent(s)/guardian(s) responsibility** to have their current provider sign the request form making both the client and provider aware of requested dates of absence. If your child is not active in the system you may not receive a reminder from The Family Services Department that you have to re-determine your eligibility. It is your responsibility to track this if you request a temporary termination as ELC the Family Services Department will not pay for any child care costs if for whatever reason you are not able to re-establish your eligibility.
4. **Prior to restarting your child(ren) back into care**, Parent(s)/Guardian(s) **MUST** submit the **REINSTATEMENT OF APPROVED TEMPORARY TERMINATION** form that is **signed by the parent and by the provider** to the Family Services Department **72 hours before the end date of their temporary termination** to request a **NEW enrollment as a requirement to restart care**. This form is available on the ELC website. This form must be completed regardless if the child is returning to the same child care provider or a new child care provider. Failure to do so will result in the loss of the child care scholarship and self payment for child care by the parent/guardian.
5. Please note that ELC will not pay for your child care provider for child care during your absence. Parent/guardians must provide proof of purpose for care and be eligible to continue to receive a child care scholarship before authorization to restart care is given.
6. Parent(s)/Guardian(s) need to be aware that ELC cannot guarantee that your child (ren) will be able to return to the same child care provider or that funding will be available at the time of your return. If you have a redetermination dates during the authorized temporary termination, you must complete your redetermination prior to the eligibility end date or eligibility will be terminated on the redetermination date
7. To **start** the temporary termination, please complete the Temporary Termination Request form 72 hours before the start date needed and submit by mail or fax. If you have any question, please contact the Family Services Department at (727) 400-4411.
8. To **reinstate** child care at the end of the temporary termination, complete the Reinstatement of Approved Temporary Termination Request form 72 hours before the end of the temporary termination and submit by mail or fax with proof of purpose for care. If you have any questions, please contact the Family Services Department at (727) 400-4411.

TEMPORARY TERMINATION REQUEST

This form must be completed and returned by the parent to the Family Services Department 72 hours before the start date before request can be approved.

Parent/Guardian Name: _____ SS#: _____

Child 1: _____	Provider: _____	Date: _____
Dates out of care: From: _____ to: _____		
Parent/guardian's co-payments paid in full Yes / No	Provider Signature: _____	
Provider's signature acknowledges child care will not restart without a NEW confirmation of enrollment from ELC.		

Child 2: _____	Provider: _____	Date: _____
Dates out of care: From: _____ to: _____		
Parent/guardian's co-payments paid in full Yes / No	Provider Signature: _____	
Provider's signature acknowledges child care will not restart without a NEW confirmation of enrollment from ELC.		

Child 3: _____	Provider: _____	Date: _____
Dates out of care: From: _____ to: _____		
Parent/guardian's co-payments paid in full Yes / No	Provider Signature: _____	
Provider's signature acknowledges child care will not restart without a NEW confirmation of enrollment from ELC.		

Child 4: _____	Provider: _____	Date: _____
Dates out of care: From: _____ to: _____		
Parent/guardian's co-payments paid in full Yes / No	Provider Signature: _____	
Provider's signature acknowledges child care will not restart without a NEW confirmation of enrollment from ELC.		

Reason for Temporary Termination: (Required)

Temporary Termination is to allow families to maintain child care scholarship eligibility during verified/approved scheduled temporary breaks in the child's attendance. Parent/Guardian(s) may be granted a Temporary Termination if the child is anticipated to be out of care from 10 to 90 days for approved reasons.

You can fax or mail your Temporary Termination to the Family Services Department.
2536 Countryside Blvd, Ste 500, Clearwater, FL 33763 FAX (727) 400-4486 or 400-4487
Please contact the Family Services Department at (727) 400-4411 if you have any questions.

**REINSTATEMENT OF APPROVED TEMPORARY TERMINATION REQUEST IS REQUIRED
IN ORDER FOR A NEW ENROLLMENT TO BE PROCESSED.**

Parent/Guardian Signature: _____ Date: _____

REINSTATEMENT OF APPROVED TEMPORARY TERMINATION REQUEST

This form must be completed and returned by the parent to the Family Services Department prior to restarting your child(ren) back into care from the approved Temporary Termination 72 hours before the end date of their temporary termination regardless if the child is returning to the same child care provider or a new child care provider. Failure to do so will result in the loss of the child care scholarship and self payment for child care by the parent/guardian. If you have any questions or have not received confirmation of the enrollment by mail within ONE (1) WEEK of your submission, then please call (727) 400-4411.

Parent/guardians must provide proof of purpose for care (i.e., school, work or combination of both) and be eligible to continue to receive a child care scholarship before authorization to restart care is given.

You can fax or mail your documentation to the Family Services Department.
2536 Countryside Blvd, Suite 500, Clearwater, FL 33763 FAX (727) 400-4486 or 400-4487

Parent/Guardian Name: _____ SS#: _____

Attached Documentation:

- Current Pay Stub
- Employment Verification Form (form available on ELC website)
- Current School Verification Form (form available on ELC website)
- Disability Form (form available on ELC website)
- Other _____

THIS BOX TO BE COMPLETED BY PROVIDER ONLY

CHILD'S NAME <i>(Required – Please Print)</i>	
PROVIDER'S NAME <i>(Required – Please Print)</i>	
CHILD'S START DATE <i>(Required)</i>	
PROVIDER'S STAFF SIGNATURE <i>(Required)</i>	
PROVIDER EIN# or LAST FOUR SSN# <i>(Required)</i>	
How would you prefer to receive the enrollment notices?	[] Mail [] Portal

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How would you prefer to receive the enrollment notices?	[] Mail [] Portal

Parent/Guardian Signature: _____ Date: _____