

**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. No form is needed for 1-3 absences. Extraordinary circumstances does not include vacation, recreational time or transportation issues. This form must be attached to the child's 4th absence when recording attendance in the Provider Portal in order for the additional absences beyond 3 to be considered for reimbursement.**

**Provider Name:**

Provider ID#

**Child's First and Last Name:**

Month/Year

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

<b>Date</b>	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day
<b>Code</b>							

**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 recorded for the child on this form.