

SUSPENDED ENROLLMENT 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. A Suspended Enrollment is to allow families to maintain child care scholarship eligibility during verified scheduled temporary breaks in childcare. Parent/Guardian(s) who anticipate absences from 10 to 90 days may be granted a Suspended Enrollment. (*Some restrictions may apply.)
2. Parent(s)/Guardian(s) are required to complete and submit the Suspended Enrollment Request form that is **signed by the parent and the provider** to the Family Services Department **at least 72 hours prior to the effective date of the Suspended Enrollment**. If the completed request is submitted after the start date of the suspended enrollment then 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 Suspended Enrollment 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 be aware of your upcoming redetermination due date if you requested a suspended enrollment as the ELC Family Services Department will not pay your provider for any child care costs if 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 SUSPENDED ENROLLMENT** form that is **signed by the parent and by the provider** to the Family Services Department **72 hours before the end date of their suspended enrollment** 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 childcare provider. Failure to do so will result in the loss of the child care scholarship and self-payment for childcare by the parent/guardian.
5. Please note that ELC will not pay for your child care provider for childcare 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 due during the authorized suspended enrollment, you must complete your redetermination prior to the eligibility end date or eligibility will be terminated on the redetermination date.
7. To **start** the suspended enrollment, please complete the Suspended Enrollment 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 suspended enrollment, complete the Reinstatement of Approved Suspended Enrollment Request form 72 hours before the end of the suspended enrollment and submit by mail or fax with proof of purpose for care. Once approved, **you MUST log into your Family Portal account and sign the payment certificate in order to complete the process**. Failure to do so may result in the non-payment of your child care provider. If you have any questions or are unable to locate the payment certificate, please contact the Family Services Department at (727) 400-4411.

SUSPENDED ENROLLMENT 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 Suspended Enrollment: (Required)

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

You can fax or mail your Suspended Enrollment 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.

**I UNDERSTAND THAT A REINSTATEMENT OF APPROVED SUSPENDED ENROLLMENT REQUEST IS REQUIRED
IN ORDER FOR A NEW ENROLLMENT TO BE PROCESSED.**

Parent/Guardian Signature: _____ Date: _____

REINSTATEMENT OF APPROVED SUSPENDED ENROLLMENT REQUEST

This completed form must be submitted by the parent to the Family Services Department prior to restarting your child(ren) back into care from the approved Suspended Enrollment 72 hours before the end date of their suspended enrollment regardless if the child is returning to the same child care provider or a new child care provider. Failure to do so may result in the loss of the child care scholarship and self-payment for child care by the parent/guardian. **Once approved, please log into your Family Portal account within TWO (2) BUSINESS DAYS to access your payment certificate.** If you have any questions or are unable to locate the payment certificate in your Family Portal within (2) days 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>	
Your signature above confirms that you understand that the payment certificate will appear in your OEL Provider Portal account once approved. The certificate must be signed by the parent/guardian in order to ensure proper payments.	

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>	
Your signature above confirms that you understand that the payment certificate will appear in your OEL Provider Portal account once approved. The certificate must be signed by the parent/guardian in order to ensure proper payments.	

I UNDERSTAND THAT I MUST SIGN THE PAYMENT CERTIFICATE LOCATED IN MY FAMILY PORTAL ACCOUNT IN ORDER TO COMPLETE THE PROCESS AND ENSURE PROPER PAYMENTS TO MY PROVIDER. FAILURE TO DO SO MAY RESULT IN THE NON-PAYMENT OF MY PROVIDER.

Parent/Guardian Signature: _____ Date: _____