



# Client Request for Suspension of Child Care Services

School Readiness Program  
(Rev. 9.22.17)

**SECTION I:** (To be completed by SR Client)

Date: \_\_\_\_\_

Submit completed form for processing to any of the locations listed on bottom of page.

I, \_\_\_\_\_, am requesting that the child's enrollment be suspended from: \_\_\_\_\_ to \_\_\_\_\_ for the child(ren) listed below.

Name of Child(ren)	Effective Date	Social Security/ID #	Provider Name

For the following reason: \_\_\_\_\_

*I understand that I am responsible to contact School Readiness prior to the expiration date of the suspension period in order to determine if I am eligible to be reinstated. I also understand that I must notify the child care provider to hold my child's slot. I understand that by signing this request, I authorize the ELCHC to enact the change I have hereby requested.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### School Readiness Office Locations:

**NORTH TAMPA**  
9309 N. Florida Ave., Ste 104  
Tampa, FL 33612  
Ph: 813-915-3200 Fax: 813-915-3239  
RBM and Status Change Fax: 813-915-3236

**SR ADMIN OFFICE AT NET PARK**  
5701 E. Hillsborough Ave. Ste 2301  
Tampa, FL 33610  
Ph: 813-744-8941, ext. 254  
Fax: 813-744-6753

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**SECTION II:** *(To be completed by SR Client Services Specialist)*

Summer Suspension     Seasonal Employment Suspension     Maternity/Medical LOA Suspension

Copy of Client Photo ID *(if available)*     Copies of Current EFS Parent Interview Screen

Suspension Completed?  Yes  No    If No, reason: \_\_\_\_\_

Effective Date of Suspension: \_\_\_\_\_

Provider Called (Contact Name, Date & Time): \_\_\_\_\_

CSS Info (Name, Site & Date): \_\_\_\_\_

Send items listed in **Section II** with this form through interoffice mail to designated staff at Administrative Office by the next business day of receipt.

**SECTION III:** *(To be completed by School Readiness Designated Staff at Administrative Office)*

**Date Received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

**Form Completed?**  Yes  No    **If No, reason:** \_\_\_\_\_

**Date Suspension Letter Sent:** \_\_\_\_\_