

PHONE: 813-515-2340 **WEB:** www.elchc.org

Provider ID:

Request for Extraordinary Circumstance Absences for School Readiness

Reimbursement shall be authorized for no more than three (3) absences per calendar month per child except in the event of Extraordinary Circumstances (Rule 6M-4.500 F.A.C.). In the case of Extraordinary Circumstances, the ELC shall provide approval for payment based on written documentation provided by the parent/guardian justifying the excessive absence (s) for up to an additional ten (10) days (effective July 1, 2022). Extraordinary Circumstances do not include vacation or recreational time. This completed form (signed by parent/guardian as listed on the payment certificate) can be considered acceptable documentation for Extraordinary Circumstance to be reimbursed. Please submit this completed form when recording attendance in the Provider Portal for additional absences due to Extraordinary Circumstances. A separate form must be completed for each child.

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 belo										
	1	2	3	4	5	6	7	8	9	10
Date of Absence										
Code for Absence										

Extraordinary Circumstance Reimbursement Codes

- 1. Hospitalization of the child or parent with the appropriate documentation.
- 2. Illness requiring an at home-stay as documented by the parent or the doctor.
- 3. Death in the immediate family. Documentation may include an obituary, death certificate, memorial card, funeral home document, or a completed copy of this form signed by the parent. Immediate family is defined as a parent, stepparent, 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 or a completed copy of this form signed by the parent.
- 5. Unforeseen documented military deployment or exercise of the parent(s) with submission of the orders.
- 6. Doctor appointments or other health related appointments.
- 7. Other (please describe):

Provider Name:

Parent Certification								
By signing below, I certify the information provided about my o	child's absence is true and correct.							
Parent/Guardian Signature	Date							
Print Parent/Guardian Name:								