



Request for Suspension / Removal of Suspension of Child Care Services

School Readiness Program

The Parent/Guardian will upload this form and the supporting documents to the Family Portal at familyservices.floridaeearlylearning.com. For assistance in accessing the portal, call Family Services at (813) 515-2340.

Date: _____ Parent/Guardian Phone Number: _____

I, _____ hereby request to:

Parent/Guardian Name

Suspend or Remove Suspension

Effective date (Enrollment cannot be backdated prior to submission date): _____.

The change applies to the child(ren) listed below.

Name of Child(ren)	Date of Birth	Provider Name
1.		
2.		
3.		
4.		
5.		

For the following reason: _____

I understand that I am responsible of requesting the removal of suspension. I am responsible of completing my redetermination and maintaining my eligibility regardless of suspension. I also understand that the child care provider is not required to hold my child's slot. I understand that a new childcare provider may require you to pay the difference between what the ELCHC pays and their private pay rate. This cost is in addition to your parent co-payment fee. I understand that by signing this request, I authorize the ELCHC to enact the change I have hereby requested.

Parent/Guardian Signature

Date