



Temporary Suspension Request

This is not a Voucher

The parent listed below is requesting a temporary suspension from the School Readiness program:

Parent Name: _____

Child Name: _____

Child Name: _____

Child Name: _____

Please specify the child(ren)s last day at your center/home is _____.
(Date)

Before the temporary suspension can be completed, your information about the parent co-payment is necessary. Please mark the appropriate box:

- Parent co-payments are current and "Paid in Full".
- Parent currently owes \$ _____.
- Parent has made arrangements to pay the amount owed.

Note: If at any time the parent fails to honor a repayment agreement, the provider should contact ELC immediately.

I understand that the parent listed above has requested a temporary suspension. I will not request reimbursement for the child(ren) listed after the last day of care listed above. I understand that I am under no obligation to hold a space open for the child(ren).

Center Name: _____

Authorized Signature: _____ Date: _____

Please print name of person signing above: _____

Parent Signature: _____ Date: _____

Milton Fax: 850-983-5312

Gulf Breeze Fax: 850-916-5423

ELC Use Only:

Date Request Received: _____

Date Transfer Authorized: _____

Resource and Eligibility Specialist: _____

Date Case Notes Updated: _____