

TEMPORARY TERMINATION REQUEST

Please read, complete form (in full), print, sign and return by drop-off.

In order for your child to be absent from an ELC School Readiness Program without jeopardizing your eligibility, you must comply with the following requirements:

1. Temporary Termination is to allow families to maintain child care eligibility during verified temporary breaks in child's attendance. Parents who anticipate absences for more than 10 to 90 days may be granted a Temporary Termination.
2. Parents are required to complete and submit the Temporary Termination Request form that is signed by the parent and by the provider to ELC Eligibility Department not more than 72 hours before the date that Temporary Termination is needed.
3. In order for your request to be approved/processed, assigned parent copayment must be paid in full prior to submitting a request for Temporary Termination. It is the parent's responsibility to have their current provider sign the request form making both the client and provider aware of requested dates of absence. During the Temporary Termination, your child will not be active in the system and you will not receive a reminder to re-determine your services.
4. Parents of children on Summer Vacation must submit their most recent paystub By Appointment to reinstate their care.
5. Please note that ELC will not pay for your child care provider for child care during your absence. Parents must provide proof of purpose for care and be eligible to continue to receive a child care services before authorization to restart care is given.
6. Parents need to be aware that ELC cannot guarantee that your child(ren) will be able to return to the same child care provider. If you have a redetermination dates during the authorized temporary termination you must complete your redetermination prior to the eligibility end date or eligibility will be terminated on the redetermination date.
7. To start the temporary termination, please complete the Temporary Termination Request form not more than 72 hours before the start date needed and submit by drop-off. If you have any questions, please contact the Eligibility Department at (352) 375-4110.
8. To reinstate child care at the end of the temporary termination, visit the office 72hours before the end of the temporary termination to redetermine your services. If you have any questions, please contact the Eligibility Department at (352) 375-4110.
9. In some cases such as summer vacation of the child receiving services, the client must submit a final paystub or school schedule to confirm an active purpose of care.

TEMPORARY TERMINATION REQUEST

This form must be completed and returned by the parent to ELC Eligibility Department not more than 72 hours before the start date before request can be approved.

Parent/Guardian Name: _____ SS#:(Optional) _____

To be completed the Provider:

Provider: _____ Dates child /ren out of care: From: _____ to: _____

Parent/guardian's parent fees paid in full? Yes / No OR Repayment agreement in place? Yes / No
(attach receipt of payment) **(attach copy of repayment agreement)**

I have been notified of the Temporary Termination of the following child/ren:

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Child 5: _____

Provider Signature: _____ **Date:** _____

Provider's signature acknowledges child care will not restart without a NEW voucher provided by Parent.

To be completed the Parent / Guardian:

Reason for Temporary Termination: (Required) _____

Temporary Termination is to allow families to maintain child care eligibility during verified/approved breaks in the child's attendance. Parents may be granted a Temporary Termination if the child is anticipated to be out of care for more than 10 to 90 days for **approved reasons**. Please contact the Eligibility Department at (352) 375-4110 if you have any questions.

You can drop-off your Temporary Termination
to ELC Eligibility Department.
4424 NW 13th Street, A-5, Gainesville, FL 32609

A **NEW CERTIFICATE OF ELIGIBILITY MUST BE GIVEN TO THE PROVIDER AND IS REQUIRED IN ORDER TO RESTART CARE**

Parent/Guardian Signature: _____ Date: _____