



Early Learning Coalition
Of Indian River, Martin and Okeechobee Counties, Inc.

Early Learning Coalition of Indian River, Martin & Okeechobee Counties

Adjustment Request Form

Date: _____

Child's Name: _____ Parent Fee \$ _____

Social Security #: _____ Billing Group: _____

Provider Name: _____ Circle Unit of Care: _____

Days Requested/Adjustment: _____

Reason for Request (check those which apply)

- Care level is incorrect (Example) Infant, Toddler, 2, 3 etc)
- Inaccurate number of attendance days credited
- Unit of care is incorrect (Example: full-time, part-time)
- Fee Waiver not applied or has expired
- Child was not enrolled/not on attendance sheet
- Withdrawal status incorrect
- Incorrect Daily Fee
- Enrolled in incorrect Billing Group
- Other (Please explain) _____

Signature

Title

Documentation required [Copies only]

Enrollment/Attendance Verification Form

Parent Sign-in/Sign-out Sheet

Reimbursement Report for month and billing group covering the child

Agency Use only

Approved

Denied

Agency Signature _____ Date: _____

