



## SCHOOL READINESS PROGRAM TEMPORARY SUSPENSION REQUEST AND REINSTATEMENT FORMS



### **Please read, complete form (in full), print, sign and return**

In order for your child to be absent from an ELC School Readiness child care program without jeopardizing your eligibility, parent(s)/guardian(s) must comply with the following requirements:

1. Temporary Suspension is to allow families to maintain child care eligibility during verified scheduled temporary breaks in child care. Parent/Guardian(s) who anticipate absences from **10 to 90 days** may be granted a Temporary Suspension.
2. Parent(s)/Guardian(s) are required to complete and submit the Temporary Suspension form that is **completed by the parent and by the provider** to the Family Services Department **at least 72 hours before the date of Temporary Suspension is needed**. If the completed request is submitted after the start date of the temporary suspension, then the parent/guardian may be responsible for any charges that may be incurred with their child care provider.
3. **Assigned parent co-payments must be paid in full prior to submitting a request for Temporary Suspension in order for your request to be approved/processed.** It is the **parent(s)/guardian(s) responsibility** to have their current provider sign the request form making both the client and provider aware of requested dates of absence. If your child is not active in the system, you may not receive a reminder from The Family Services Department that you have to re-determine your eligibility. It is your responsibility to track this if you request a temporary suspension as ELC the Family Services Department will not pay for any child care costs if for whatever reason you are not able to re-establish your eligibility.
4. **Prior to restarting your child(ren) back into care,** Parent(s)/Guardian(s) **MUST** submit the **REINSTATEMENT OF APPROVED TEMPORARY SUSPENSION** form that is completed **by the parent and by the provider** to the Family Services Department **72 hours before the end date of their temporary suspension** to request a **NEW enrollment as a requirement to restart care**. This form is available on the ELC website. This form must be completed regardless if the child is returning to the same child care provider or a new child care provider. Failure to do so will result in the loss of the child care and self-payment for child care by the parent/guardian.
5. Please note that ELC will not pay your child care provider for child care during your absence. Parent/guardians must provide proof of purpose for care (if applicable) and be eligible to continue to receive a child care before authorization to restart care is given.
6. Parent(s)/Guardian(s) 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 date 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 suspension, please complete the Temporary Suspension Request form 72 hours before the start date needed and submit by email or in person. If you have any question, please contact the Family Services Department at (772) 220-1220.
8. To **reinstate** child care at the end of the temporary suspension, complete the Reinstatement of Approved Temporary Suspension Request form 72 hours before the end of the temporary suspension and submit by email or in person with proof of purpose for care (if applicable). If you have any questions, please contact the Family Services Department at (772) 220-1220.



SCHOOL READINESS PROGRAM  
**TEMPORARY SUSPENSION REQUEST**



**This form must be completed and returned by the parent to the Family Services Department  
72 hours before the start date before request can be approved.**

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian(s) may be granted a Temporary Suspension if the child is anticipated to be out of care not exceeding three (3) months, for **approved reasons**.

Child 1: \_\_\_\_\_ Provider: \_\_\_\_\_

Dates out of care: From: \_\_\_\_\_ To: \_\_\_\_\_

Parent/Guardian's co-payments paid in full: Yes or No Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Provider's signature acknowledges child care will not restart without a NEW confirmation of enrollment from ELC.**

Child 2: \_\_\_\_\_ Provider: \_\_\_\_\_

Dates out of care: From: \_\_\_\_\_ To: \_\_\_\_\_

Parent/Guardian's co-payments paid in full: Yes or No Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Provider's signature acknowledges child care will not restart without a NEW confirmation of enrollment from ELC.**

Child 3: \_\_\_\_\_ Provider: \_\_\_\_\_

Dates out of care: From: \_\_\_\_\_ To: \_\_\_\_\_

Parent/Guardian's co-payments paid in full: Yes or No Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Provider's signature acknowledges child care will not restart without a NEW confirmation of enrollment from ELC.**

Child 4: \_\_\_\_\_ Provider: \_\_\_\_\_

Dates out of care: From: \_\_\_\_\_ To: \_\_\_\_\_

Parent/Guardian's co-payments paid in full: Yes or No Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Provider's signature acknowledges child care will not restart without a NEW confirmation of enrollment from ELC.**

**Reason for Temporary Suspension: (Required)** \_\_\_\_\_

**REINSTATEMENT OF APPROVED TEMPORARY SUSPENSION REQUEST IS REQUIRED IN ORDER FOR A NEW ENROLLMENT TO BE PROCESSED.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COALITION USE ONLY**

☐ Approved From: \_\_\_\_\_ To: \_\_\_\_\_ ☐ Denied

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SCHOOL READINESS PROGRAM  
REINSTATEMENT OF APPROVED TEMPORARY  
SUSPENSION REQUEST**



This form must be completed and returned by the parent to the Family Services Department prior to restarting your child(ren) back into care from the approved Temporary Suspension 72 hours before the end date of their temporary suspension regardless if the child is returning to the same child care provider or a new child care provider. Failure to do so will result in the loss of the child care services and self-payment for child care by the parent/guardian. If you have any questions or have not received confirmation of the enrollment within **ONE (1) WEEK** of your submission, then please call (772) 220-1220.

Parent/guardians must provide proof of purpose for care (i.e., school, work or combination of both) and be eligible to continue to receive child care services before authorization to restart care is given.

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Attached Documentation:**

- ☐ Current Pay Stub
- ☐ Current Verification of Employment form (available at [www.elcirmo.org](http://www.elcirmo.org))
- ☐ Current School Verification (school schedule & financial aid printout)
- ☐ Current Verification of Disability (available at [www.elcirmo.org](http://www.elcirmo.org))
- ☐ Other \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY CHILD CARE PROVIDER**

<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">Provider's Name</td><td></td></tr><tr><td>Child's Name</td><td></td></tr><tr><td>Child's Start Date</td><td></td></tr><tr><td>Provider's Staff Signature</td><td></td></tr><tr><td>Date</td><td></td></tr></table>	Provider's Name		Child's Name		Child's Start Date		Provider's Staff Signature		Date		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">Provider's Name</td><td></td></tr><tr><td>Child's Name</td><td></td></tr><tr><td>Child's Start Date</td><td></td></tr><tr><td>Provider's Staff Signature</td><td></td></tr><tr><td>Date</td><td></td></tr></table>	Provider's Name		Child's Name		Child's Start Date		Provider's Staff Signature		Date	
Provider's Name																					
Child's Name																					
Child's Start Date																					
Provider's Staff Signature																					
Date																					
Provider's Name																					
Child's Name																					
Child's Start Date																					
Provider's Staff Signature																					
Date																					
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">Provider's Name</td><td></td></tr><tr><td>Child's Name</td><td></td></tr><tr><td>Child's Start Date</td><td></td></tr><tr><td>Provider's Staff Signature</td><td></td></tr><tr><td>Date</td><td></td></tr></table>	Provider's Name		Child's Name		Child's Start Date		Provider's Staff Signature		Date		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">Provider's Name</td><td></td></tr><tr><td>Child's Name</td><td></td></tr><tr><td>Child's Start Date</td><td></td></tr><tr><td>Provider's Staff Signature</td><td></td></tr><tr><td>Date</td><td></td></tr></table>	Provider's Name		Child's Name		Child's Start Date		Provider's Staff Signature		Date	
Provider's Name																					
Child's Name																					
Child's Start Date																					
Provider's Staff Signature																					
Date																					
Provider's Name																					
Child's Name																					
Child's Start Date																					
Provider's Staff Signature																					
Date																					

**COALITION USE ONLY**

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied: _____	
Staff Signature: _____		Date: _____