Request for Adjustment Form

Child Care Provider:_____

Month/Year/Dates to be adjusted From:_____To:_____

Please check:　　　　　□ **School Readiness**　　　　□ **VPK**

Reason for Adjustment (check those which apply):
- □ Care level is incorrect (Example) Infant, Toddler, 2, 3, etc.)
- □ Inaccurate number of days attended listed
- □ Unit of care is incorrect (Example: full-time, part-time)
- □ Incorrect Daily Copay Fee:
- □ Missing Enrollment
- □ 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) _____

Please complete the child's information as indicated and mark all days attended (X) and all days absent (E) for the month in question. Make sure to attach absentee documentation, if applicable.

Child Name:_____ Care Level:_____ Unit of Care FT/PT:_____ Copay Fee:_____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Child Name:_____ Care Level:_____ Unit of Care FT/PT:_____ Copay Fee:_____

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Please provide the following documents with your request for adjustment:
- □ Documentation of Absence
- □ Sign In & Out Sheet
- □ VPK Certificate Sign In & Out Sheets / Short/ Long Forms
- □ Court Order Documents for Visitation
- □ Attendance Roster Summary/ Reimbursement Report

For Reimbursement Staff Only: Initials of Recipient:____ Date Rcvd:_____Adjustment Approved:___ Date:_____
Adjustment Denied:_____ Reason for Denial:_____