



PROVIDER NOTICE OF TRANSFER

*****This is not a Voucher*****



The parent named below has requested a transfer to another school readiness provider:

Parent Name: _____

Child Name: _____

Child Name: _____

Child Name: _____

The last day authorized for payment at your center/home is _____
(Date)

To be completed by Child Care Provider.

Before the transfer process can be complete, 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 payment arrangements to pay the amount owed.

Note: If at any time, the parent fails to honor the repayment agreement, the provider should contact ELC School Readiness Services at 850-332-6775.

A transfer will not be authorized if parent co-payments are not paid in full unless a payment arrangement has been made.

I understand that the above-named parent has requested a placement transfer. I will not request reimbursement for this child as of _____
(Date)

Please state "Reason for Transfer" below:

Center Name: _____

Authorized Center Representative: _____

Date Signed: _____

Staff Use Only:

Date transfer requested: _____ Date Provider Response Received: _____

Eligibility Services Specialist _____ Date Transfer Authorized _____

Directions: Child Care Provider – Please complete this form and return it within one (1) business day to the Early Learning Coalition School Readiness Services. Please fax the completed form to (850) 466-3783. If you have questions regarding this form, please call (850) 332-6775.