Documentation of Absence Form

Provider Name [PLEASE PRINT]:

Child’s Full Name [PLEASE PRINT]:

Date(s) of Absence:

As stated in Florida Statute 411 Chapter 60BB-4.500
Reimbursement shall be authorized for no more than three (3) absences per calendar month per child except in the event of extraordinary circumstances. Examples of extraordinary circumstances include the following:
1. Hospitalization of the child or parent with appropriate documentation
2. Illness requiring home-stay as documented
3. Death in the immediate family with appropriate documentation (i.e., obituary, death certificate)
4. Court ordered visitation with appropriate documentation (i.e., court order)
5. Unforeseen documented military deployment or exercise of the parent(s)

Please indicate the reason(s) the child was absent by checking the appropriate line below:

___ Hospitalization of the child or parent
___ Illness requiring home-stay
___ Death in the immediate family
___ Court ordered visitation
___ Military deployment or exercise of the parent(s)

IMPORTANT: your request will not be processed for payment unless appropriate documentation is attached:

Please indicate the kind of documentation attached to support this request

Attached documentation

___ Hospital discharge
___ Statement signed by parent for home-stay sickness
___ Obituary and/or death certificate
___ Court order for visitation (complete court order)
___ Copy of military deployment orders

Signature of Parent: _____________________________ Date: ________________

For use by ELC Reimbursement Staff Only:

( ) Approved   ( ) Denied - ( ) incomplete info ( ) missing documentation ( ) illegible ( ) other __________________________

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