



## 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 \_\_\_\_\_