Request for Adjustment Form

Child Care Provider: _____

- Dates to be adjusted. From:_____ To:_____
  - **Please check:** □ **School Readiness** □ **VPK**

Why is the adjustment being requested? _____

_____

_____

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's Name: **SSN:** **Parent 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's Name: **SSN:** **Parent 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

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Authorized Signature: _____ Date: _____

Please provide the following documents with your request for adjustment:

Supporting Documents needed:

1. **Documentation of Absence**
2. **Sign In & Out Sheets**
3. **Court Order documents for Visitation**
4. **VPK Certificate**

For Reimbursement Staff Only: Initials of Recipient: _____ Date Rcvd: _____

Adjustment Approved: _____Date:_____ Adjustment Denied: _____Date:_____

Reason why it was denied: _____

_____