

Early Learning Coalition of Florida's Heartland, Inc.

Provider Rate Request Form

All Providers requesting payment for Scholarship clients, please complete information below and **include a copy of your Public Rate Sheet** (copy of Provider's own flyer/booklet given to parents showing what provider charged the public). Public rate sheet must have provider's name and information. Rates CANNOT be processed without public rate sheet. **Note:** *Multiple sites, please submit one request for each individual site.*

Provider Site Name: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

License or registration number if applicable: _____ Gold Seal Provider? Yes No

Please indicate reason for rate request:

- NEW or INCREASED RATES
 CARE LEVEL CHANGE
 PROVIDER TYPE CHANGE
 GOLD SEAL (submit copy of certificate)
 OTHER: _____

Please Use Weekly Rates ONLY (fill in all ages being served)

	Requested		Approved	
	FT Weekly	PT Weekly	FT Daily	PT Daily
Infant (0-12 months)				
Toddler (12-24 months)				
2 year old (24-36 months)				
Preschool 3 years (PR3)				
Preschool 4 years (PR4)				
Preschool 5 years (PR5) <i>Children not yet in school</i>				
School Age thru 12 years				

All rate request submitted by the last day of the month, if approved, will be made effective on the 1st of the following month. All funding is subjected to the availability of School Readiness funds.

Signature of Provider or Designee

Date

FOR OFFICE USE ONLY

Approved: Yes No Effective Date: _____ In EFS by and Date entered: _____

Comments: _____ VPK Wrap Rates ? : _____

Executive Director or Designee: _____ Update CCRR: _____

Proof by: _____ Copies mailed to provider by: _____ Date: _____

Provider Packet # 7



Charlotte Office
3028 Caring Way, Suite 4
Port Charlotte, FL 33952
Phone: (941) 255-1650
Fax: (941) 255-5856

DeSoto Office
4 West Oak Street, Suite H
Arcadia, FL 34266
Phone: (863) 494-5233
Fax: (863) 494-5291

Hardee Office
324 N. 6th Avenue
Wauchula, FL 33873
Phone: (863) 767-1002
Fax: (863) 767-1007

Highlands Office
209 N. Ridgewood Drive
Sebring, FL 33870
Phone: (863) 314-9213
Fax: (863) 314-4480



“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.” Margaret Mead



Revised 08/29/09



Rate Substantiation Policy

Establishing Rates:

- No rates may be charged for Scholarship children that are higher than those charged for private pay children.
- Rates are always subject to the ceiling set by the office of the Early Learning Learning and the ELCFH, providers may request up to 20 percent over the reimbursement rate. Gold Seal providers may request rates higher than district's max rates set by the Office of Early Learning and the ELCFH.

Definitions as established by the Office of Early Learning:

- Rate **categories** by age:

Infant	0 - 12 months
Toddler	12-24 months
2 year old	24-36 months
PR3	36-47 months
PR4	48-60 months
PR5 (not in School)	60-72 months

- Full day: 6 hours of care, and up to and including 11 hours of care in a 24 hour period.
- Part day: Less than 6 hours of care in a 24 hour period.
- Effective April 1, 2007 School Age children will only be reimbursed at a part time rate. As per ELCFH Board approval.


Procedure:


- Fill out Provider Rate Request Form. Submit form to local ELCFH office for update of information in the EFS database. Provider will be sent a copy of approved rates with the effective date.


Effective Date:


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