

EARLY LEARNING COALITION OF PINELLAS COUNTY, INC.
Request for Justification of Extended Absences Form (RJOA)
for School Readiness Funding



In accordance with Rule 6M-4.500 F.A.C., reimbursement shall be authorized for no more than **three (3)** absences per calendar month, per child, except in the event of **extraordinary** circumstances. In the case of extraordinary circumstances, the Coalition shall approve for reimbursement additional absences based on written documentation provided by the client of record justifying the reason for the extended absence (s) for up to an additional **ten (10) days**. **This form is only required for absences beyond three (3) in the reimbursement calendar month. Extraordinary circumstances does not include **vacation time, recreational time, transportation issues or child's suspension**. Please complete this form in its entirety. This form must be attached to the 4th absence of the current month's electronic attendance in order for the additional absences beyond three (3) to be considered for reimbursement. The Reimbursement Specialists only look for this form to be attached to the 4th absence. Provider should add comments as to what dates the RJOA Form covers to facilitate efficient processing of absences.**

Provider's Name: _____ Provider ID # from Provider Portal: _____
 Child's Name: _____

Enter the child's absence dates (MM/DD/YR) as well as the Extraordinary Circumstance Reimbursement Code for the extended absences from the code list #1 through #5 below. The reason code must be included on this form in order for the additional absences to be reimbursed at the time the attendance is processed. If no code is given then add'l absences are not reimbursed.

Date										
Code										

Extraordinary Circumstance Reimbursement Codes for Extended Absences

Code #1: Hospitalization of the child or the parent of record with the submission of the hospital admission or the hospital discharge documentation or a visit to the doctor with the submission of the doctor's note.

Code #2: Illness requiring an at home-stay. No hand-written note from client is required. If child has a doctor's note, please submit the doctor's note with the Request for Justification of Extended Absences Form (RJOA Form). The RJOA Form must be attached to the 4th absence; the doctor's note is attached to the next absence.

Code #3: Death in the immediate family with the submission of the obituary, death certificate, memorial card or funeral home document. Immediate family is defined as a parent, step parent, grandparent or sibling of the child. Please note relationship.

Code #4: Court ordered visitation with the submission of the court order for each month that the court order is in effect and applicable.

Code #5: Unforeseen documented military deployment or exercise of the parent(s) with the submission of the deployment orders.

Client's Signature: _____ Date: _____

Provider's Signature: _____ Date: _____

NOTE: Only one child per RJOA Form is allowed. The RJOA Form must be signed and dated by the client of record and by the provider. The signature dates must be later than the last absence date recorded for the child listed on the RJOA Form. A copy of the RJOA Form automatically populates to the Attendance Folder in the Provider Portal Document Library when it is attached to the **4th** absence of the monthly electronic attendance. Please be sure that this form is attached to the **4th** absence **only** regardless of whether that date is covered by the RJOA Form. This is the only absence that the Reimbursement Specialists look at to locate the RJOA Form. This will also avoid a delay in the reimbursement for absences beyond three (3). Providers should make comments on the 4th absence as to which absence dates the form covers to facilitate the efficient processing of the submitted attendance. **If the form is not attached to the electronic attendance then the additional absences will not be reimbursed at the time the attendance is processed. Late RJOA Forms are to be uploaded to the Monthly Adjustment Request Folder with a Monthly Adjustment Request Form (MARF) within 60 days of the receipt of the reimbursement in order for the additional absence days to be adjusted with a future service period. All requests must be submitted no later than July 25th each calendar year.**