



Request for Justification of Extended Absences (RJOA) Form

Background:

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 which case the Coalition shall document approval for reimbursement based on written documentation provided by the parent justifying the extended absence for up to an additional ten (10) days. Extraordinary circumstances does not include vacation time, recreational time, transportation issues, or child's suspension.

As part of the monthly reimbursement process, the provider is required to complete the form for absences beyond three (3) in the reimbursement calendar month if they want to be reimbursed for extended absences.

Provider's Name: _____

Provider's Portal ID# _____

Instructions:

Please enter the child's full name per the Provider Portal in the child section below. Indicate the child's absence date(s) on this form in the 'DATE MM/DD/YY' section. Include the code for the appropriate extraordinary circumstance in the 'CODE' section of the form according to the code list below (# 1-6).

Attach the completed RJOA form to the 4th absence day of the month's electronic attendance for reimbursement. Complete one form for each child. The form must be signed by the parent/client and the provider no sooner than the last absence date in the month.

Child's Name: _____

DATE MM/DD/YY										
CODE #										

Extraordinary Circumstance Code List for Reimbursement:

- Code 1.** Hospitalization of the child or parent with appropriate documentation such as a doctor's note or the hospital admission or hospital discharge document.
- Code 2.** Illness requiring at home stay (no handwritten parent statement is needed).
- Code 3.** Death in the immediate family with appropriate documentation such as an obituary, a death certificate, a memorial card, or a document from the funeral home.
- Code 4.** Court ordered visitation with appropriate documentation such as the order from the court.
- Code 5.** Unforeseen documented military deployment or exercise of the parent with appropriate documentation such as military order of deployment or reserve duty.
- Code 6.** Doctor appointments or other health related appointments such as therapy or routine doctor visits with documentation from the appointment.

Parent's/Client's Signature: _____

Date: _____

Provider's Signature: _____

Date: _____