

**Provider Early Payment Program (PEPP)
Enrollment/Status Change Form**

Provider Name _____ Phone Number _____

Provider ID#/Social Security Number: _____

Use this form when the number of children enrolled is less than two (2) for Family Child Care Homes and less than five (5) for Child Care Centers.

Complete Part I below to **Stop the Early Check** processing when the facility did not maintain the minimum number of children in care (as defined in this Agreement) that receive scholarships from CCC during the entire month indicated below.

Part I

This serves as official notification that my Family Child Care Home had less than two (2) Child Care Center had less than five (5) children receiving Coordinated Child Care scholarships for the entire month of _____, _____(year). Therefore, I am not eligible for the advance check for services provided during the above stated month.

Provider Signature _____ Date _____

Complete Part II below **to Restart the Early Check** processing when the facility maintained the minimum number of children (as defined in this agreement) in care that receive scholarships from CCC during the entire month indicated below.

Part II

This serves as official notification that my Family Child Care Home maintained at least two (2) Child Care Center had at least five (5) children receiving Coordinated Child Care scholarships for the entire month of _____, _____(year). Therefore, I am eligible for the advance check for services provided during the above stated month.

Provider Signature _____ Date _____

Mail To:

Coordinated Child Care of Pinellas, Inc.
Finance Department
10601 Belcher Road South
Largo, FL 33777
Fax: 727-547-2972 or 727-547-2955

CCC must receive this form no later than the 20th of the month for each change.