

Coordinated Child Care of Pinellas, Inc. (CCC)

**VPK PAYMENT REQUEST FORM**

**Contract Year 2009-10**

Site Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Provider ID/Social Security # \_\_\_\_\_

The Voluntary Prekindergarten (VPK) program offers advance payments to providers based on student enrollment in the program. This form authorizes the option to accept or decline the VPK Provider Advance Payment.

**ACCEPT VPK PROVIDER ADVANCE PAYMENT**

I authorize CCC to include my VPK program for all VPK advance payments. I understand that this affects payments for all children participating in my VPK program. I understand that I cannot change this request until the beginning of the next contract year.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**DECLINE VPK PROVIDER ADVANCE PAYMENT**

I authorize CCC to remove my VPK program from all VPK advance payments. I understand that this affects payments for all children participating in my VPK program. I realize that I am moving to a purely reimbursement payment system and I certify that I have enough cash flow or reserves to operate using the reimbursement option. I understand that I cannot change this request until the beginning of the next contract year.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

All requests to change VPK payments must be received in writing using this form.

**Mail or Fax To:**

CCC Finance Department - VPK

10601 Belcher Rd S

Largo, FL 33777

Phone: (727) 547-5740 or Fax: (727) 547-2955