Early Learning Coalition
OF PINELLAS COUNTY

MONTHLY ADJUSTMENT REQUEST FORM (MARF)

Provider Site Name:_____ **Provider Portal ID#:**_____

Adjustment Month and Year (MM/YYYY):_____

Please print so information is legible.

Child's First Name	Child's Last Name	Date of Birth	Reason for Adjustment

Please do not put multiple months on one form. **This form needs to be uploaded to the Monthly Adjustment Request folder in the document library of the Provider Portal.** This form is used to notify the Coalition staff of issues related to provider reimbursement. Examples of reasons that an adjustment may be requested are: child is missing from the DEL Provider Portal attendance roster, child's birthdate is incorrect which affects the care level (INF, TOD, 2YR, etc.), child's schedule is incorrect (FT, PT, etc.), child has NS days which means there is no schedule, the enrollment start date is incorrect, the enrollment term date is incorrect or the RJOA Form and required supporting documentation were not attached to the 4th absence or the consecutive related absences at the time the attendance was recorded and submitted for reimbursement. Per rule, the Coalition must be notified of adjustments within 60 days of the receipt of reimbursement by the provider.

Reminder: Due to the fiscal year ending as of June 30th, May and June adjustment requests must be submitted no later than July 25th.

Staff Person Completing this Form: _____ Date:_____