

# Early Learning Coalition



of Pinellas County, Inc.

## School Readiness Special Needs Rate Request Form

Center/Provider Name: \_\_\_\_\_

Provider ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ IEP:  FSP:

Part-Time:  (Less than 6 hrs. per day) Full-Time:  (6 or more hrs. per day)

### Special Needs Daily Rate:

Part- Time \$ \_\_\_\_\_ Full -Time \$ \_\_\_\_\_

Accommodations:

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\*Per FS Rule 6M-4.500 Child Attendance and Provider Reimbursement