



Early Learning Coalition of the Nature Coast
Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties

PRIOR PERIOD ADJUSTMENT WORKSHEET

Counselor: _____

Today's Date: _____

FEID/SSN	Ext	Name	Type	Vendor Code

Funder	Funding Source	Reporting Period	Reimbursement Period	Date Paid

ADJUSTMENT

Date	Child ID	Name	Funding Source	Elig.	VPK Class	CERT/POS	Match Funding	IN	
								Hm	Rel

Parent ID	Name (Parent)	Coalition	County	Name	Abs. Days

Days/Hrs	Care Level	Unit Care	Daily Parent Fee	Daily Rate	Daily Gold Seal Rate	Net Adj. Amount	Match Amount	Adjustment Reason
						\$0.00		
						\$0.00		
						\$0.00		
						\$0.00		

TOTAL ADJUSTMENT	\$0.00
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Notes: _____

Reviewed by Supervisor: _____

Entered in EFS by: _____

Date notified Provider: _____

Date: _____