



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

Tracking Form: Application for Unrestricted Fund Payments

Date of Report	Requested By: (initials)	County	Child's Name	Child's SSN	Provider Name	Billing Group & Eligibility	Care Level	Daily Parent Fee	Schedule	Provider Rate (inc. Gold Seal if applicable)	No. of Days Ineligible	Description of Problem with Start and End Dates

Prepared by: _____ Client Services Counselor

Reviewed by: _____ Client Services Manager

Reviewed by: _____ Contracts and Compliance Manager

Approved by: _____ Executive Director

Note: Use one form per application for unrestricted funds payment. Attach supporting documentation to finance copy.

Copy: Client File Finance

ELCNC 292-7/17/09