

Voluntary Case Closure Request

This form must be completed (**ONLY** by the person who applied for Child Care Financial Assistance) and returned to the Early Learning Coalition of Palm Beach County via document upload at <http://cs.elcpalmbeach.org>. Once this request is received, ELC will take the necessary actions to close your case. This process may take up to 7 days to complete.

Date of Request: _____

Name of Custodial Parent 1: _____

Name of Custodial Parent 2: _____

Address: _____

Contact Number: _____ Email Address: _____

After considering this matter carefully, I _____ request that the Early Learning Coalition of Palm Beach County terminate child care assistance for the child(ren) indicated below effective: _____.

Child Name: _____	DOB: _____	Terminate Care: Y or N
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I am making this request because: _____

I understand that in closing my case:

- I am responsible for all child care cost beyond the effective date of this request.
- I can re-apply for services at any time in the future.
- If I **choose to** re-apply for services my child will be added to the waitlist and my application will be processed based on priority status and date of application.
- I can contact the Early Learning Coalition regarding Child Care Resource and Referral services FREE of charge.

Parent/Guardian Signature

Date

Office Use Only

EFS or Case ID# _____

Print Name of Staff: _____ Signature: _____

_____ Verified Photo ID or
 _____ Verified parent/guardian relationship to child (See Case file)