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## VPK Payment Option Form

By completing this form, you are requesting to receive payment for the VPK program either on a prepayment schedule, or a reimbursement schedule. Prepayments are based on children enrolled at the time of payment processing (the 3<sup>rd</sup> of the month, for following month's prepayment). Reimbursements are based on actual physical attendance for the children in your care.

For providers selecting to receive an advance payment (formerly called prepayment), the advance will be based on 95% of the hourly rate. The actual payments will be calculated at 100%, as usual, and payments will be reconciled at the end of each month.

- Sign me up for VPK Reimbursements. Reimbursement will be made on the 15<sup>th</sup> of the month for the preceding month.**
  
- Sign me up for VPK Advance Payments. Advance Payments will be made on the last day of the month for the coming month. I understand that each month I will be required to reconcile any outstanding balance (prepayment greater than actual reimbursement).**

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Provider Name

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Address

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Authorized Signature

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Date

**This form must be completed with your VPK application and submitted to:**

**Early Learning Coalition of Orange County  
Attn: Provider Relations  
P.O. Box 540387  
Orlando, FL 32854-0387**

Please contact Suzanne Riccaboni if you have any questions regarding VPK payments. She can be reached by phone at (407) 532-4331. Thank you for supporting our community and our children through your VPK program.