

**MONTHLY VPK RETURN TO SERVICE FORM**

Provider Name: \_\_\_\_\_

Reporting Month: \_\_\_\_\_

Please list the child's name, and whether or not they have returned to service after missing the last day of VPK for the month.

**\*If any child has not yet returned by the time of submission of this form, please indicate if the child is expected to return below.**

This information is needed because the VPK Attendance Policy states that, "An absence is *not payable* for an instructional day before a child's first day of attendance or **after the child's last day of attendance.**"

Providers will not be paid for days missed after the last day of attendance, until the child has returned to service.

Child Name	Returned to Service Yes/No	Expected to Return Yes/No	Comments

**This form is to be turned in every month along with attendance sheets to ensure that attendance is processed in a timely and precise manner.**

Signature of person completing this form: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit to:  
 Fax: (941) 256-9948 (Reimbursement fax line)  
 Or upload to Document Library in DEL Portal

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*\*For Office Use Only*  
 Date Received: \_\_\_\_\_