



**Rhode Island Department of Human Services**

**Office of Child Care – Child Care Assistance Program (CCAP)**

25 Howard Avenue, Louis Pasteur Building #57, 1st Floor, Cranston, Rhode Island 02920

**Special Circumstances Absent Notice**

*CCAP-approved providers may receive payment for absences up to four (4) consecutive weeks. If a child is absent longer due to a special circumstance, this form must be submitted for any additional weeks to be considered for payment.*

|                                             |                     |                           |
|---------------------------------------------|---------------------|---------------------------|
| <b>CCAP Provider ID</b>                     | <b>Program Name</b> |                           |
| <b>Child(ren) Name</b>                      |                     | <b>Certificate Number</b> |
| <b>Week(s) of Absence</b>                   |                     |                           |
| <b>Special Circumstance Causing Absence</b> |                     |                           |

*I certify that the information reported on this form is true and accurate.*

**Parent Printed Name** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

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

**Provider Printed Name** \_\_\_\_\_

**Provider Signature** \_\_\_\_\_

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