

Disenrollment Form

Participant Site Name and Address:	Participant ID#:	Coach Agency:	
CHOOSE A OR B			
A. \Box I am disenrolling from Quality First (QF). I have decided to not continue as a QF participant.			
Disenrollment <u>Notification</u> Date:/ Disenrollment <u>Effective</u> Date:/			
Reason for disenrollment (Please check one)			
☐ Business closure	☐ Business closure ☐ Moving to a new location ☐ Participant choice		
\square No longer regulated	☐ No children curr	ently enrolled	
Additional Notes (Please complete if "Participant Choice" selected)			
B. \Box Your program has been disenrolled, effective/, due to no longer meeting QF participation			
requirements that may include, but are not limited to Regulatory Status, Lawful Presence, or failing to make progress while on a Targeted Support Plan. If you object to this disenrollment, you may initiate the QF Appeals Process by submitting a Request for Appeal within 60 calendar days of being notified of the disenrollment. The request must be submitted in writing using the Request for Appeal form (obtained from your QF Coach or Coordinator, Southwest Human Development, or the Extranet): by mail to Quality First Team, First Things First, 4000 N. Central			
Avenue, Suite 500, Phoenix, Arizona 85012; or via email to QualityFirst@FirstThingsFirst.org .			

PLEASE READ AND INITIAL EACH ACKNOWLEDGMENT BELOW

I am no longer eligible for QF services, QF incentives (funding) or QF child care scholarships.

Disenrollment may make me ineligible for other financial funding or services provided through First Things First in my regional area.

I understand that I must remove all references to my participation in QF including, but not limited to, references in forms, policies, and advertising.

I may reapply to participate in QF by submitting a new application should I desire to do so. Participants disenrolled due to not meeting program requirements must wait one year from the disenrollment date before reapplying.

If disenrollment is due to a business closure, I will work with the QF Coach/QF Coordinator to resdistribute materials purchased with Quality First funds.

If applicable, I agree to submit the Direct Payment Expenditure Report within **5 business days** of the disenrollment effective date and further agree to refund any unspent or non-allowable portion of the incentives payout to the coach agency within 5 business days of a refund request from the coach agency.

By signing below, the signer certifies that the signer is authorized to sign this document on behalf of the participant.

Authorized Name Authorized Signature Date