

Participant Site Name and Address:	Participant ID#:	Coach Agency:
------------------------------------	------------------	---------------

CHOOSE A OR B

A. **I am disenrolling from Quality First (QF).** I have decided to not continue as a QF participant.

Disenrollment **Notification** Date: ___/___/___ Disenrollment **Effective** Date: ___/___/___

Reason for disenrollment (Please check one)

- Business closure Moving to a new location Participant choice
 No longer regulated No children currently enrolled

Additional Notes (Please complete if "Participant Choice" selected)

B. **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 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 redistribute materials purchased with Quality First funds.

If applicable, I agree to submit the 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