

**Changes must be reported
within 10 calendar days.**



ELCFH Date Stamp

Parent Fee Waiver

Date: _____

Parent/Guardian Name: _____

Each family that receives school readiness services shall be assessed a co-payment based on family size, the hours of care needed, and the family's income. 6M-4.400, s. 1002.84 (8), F.S.

At Risk Program Participants

At-risk co-payment waivers. A co-payment may be waived on a case-by-case basis for families participating in an at-risk program as defined in Section 1002.81(1), F.S. The request for the co-payment waiver must be documented during the initial authorization for care and at each redetermination.

Name of Referring Agency: _____

Telephone: _____

Name of Case Manager: _____

Email: _____

Case Manager Signature: _____

Date: _____

ELCFH Signature: _____

Date: _____

Economically Disadvantaged

Temporary co-payment waivers. A co-payment may be temporarily waived on a case-by-case basis for families with income at or below 100 percent of the federal poverty level during an event that limits a parent's ability to pay in accordance with Section 1002.84(8), F.S. The request for the co-payment waiver must be documented in the case file during the initial authorization for care and at each redetermination.

Natural disaster (storm, earthquake, etc.)

Parent/guardian incarceration, placement in residential treatment or death

Homeless shelter/living arrangements

Emergency situation such as a fire or robbery

Other: _____

I understand that I am providing documentation that may be used to determine the need for a parent fee waiver. By signing this form, I certify that the information given is true and complete.

Parent/Guardian Signature: _____

Date: _____

NOTE: Requests will be reviewed within five (5) business days of receipt.

ELCFH USE ONLY:

Coincides with policy: No Yes

Request approved : No Yes Effective Dates: _____

Director/ Manager Signature: _____

Date: _____