



Co-Payment Temporary Reduction/Waiver Request

Foster Parent Or (out-of-home placement) Name: _____

A request is made to temporarily _____ reduce or _____ waive the required parent co-payment for school readiness services for _____.

Time period of request: From ____/____/____ to ____/____/____
(Request period may not exceed referral period)

The child's parent/guardian is unable to pay the required fee for the following reason:

- Incarceration
- In Residential Treatment
- Incapacitated
- Deceased
- Homeless
- Natural disaster
- An emergency such as a fire or robbery
- Unemployed
- Other _____ (requires written documentation)

This request is made by (print name): _____

Signature: _____ Date _____

Agency: _____ Phone: _____

Requestor's Comments: _____

RES: _____

Date Rec'd: _____

Supervisor/Coalition approval: _____

Date: _____