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 _______________________.

Child’s name: ____________________________

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: ________________________________________________________________

_________________________________________________________________

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RES: __________________________________ Date Rec’d: __________________

Supervisor/Coalition approval: __________________________ Date: ________________