



Co-Payment Temporary Reduction/Waiver Request

Parent or Guardian 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 _____ / _____ / _____
Child(ren)'s name
(Request period may not exceed referral period)

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

- At-Risk Child
- Natural disaster
- Placement In Residential Treatment
- Homelessness
- Incarceration
- An emergency situation, such as a fire or robbery
- Parent is participating in parenting classes
- Child is participating in Early Head Start or Head Start Program
- Other _____ (requires written documentation)

This request is made by (print name): _____

Signature: _____ Date: _____

Referring Agency: _____ Phone: _____

Requestor's Comments: _____

ELC USE ONLY:	Date Form Rec'd: _____
Supervisor/Coalition approval: _____	Date Approved: _____