



Co-Payment Waiver Request

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

A request is made to waive the required parent co-payment for _____
(child's name)

Time period of request: From ____/____/____ to ____/____/____

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: _____

ELC Use Only:

Date this form Received: _____ Date Authorized _____

Resource and Eligibility Specialist _____ Date Case Notes Updated _____

Milton Fax: 983-5312