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

Updated 7.26.18