

School Readiness Program  
**PARENT FEE WAIVER**

**NOTE: Requests will be reviewed within five (5) business days of receipt**

Completing this form will not excuse the parent/guardian from paying the assessed fees or any fees in arrears

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Each family that receives school readiness services shall be assessed a co-payment based on family size, the hours of care needed, and the family's income. 6M-4.400, s. 1002.84 (8), F.S.

**At Risk Program Participants**

**At-risk co-payment waivers.** A co-payment may be waived on a case-by-case basis for families participating in an at-risk program as defined in Section 1002.81(1), F.S. The request for the co-payment waiver must be documented during the initial authorization for care and at each redetermination.

Name of Referring Agency: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Case Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Economically Disadvantage (supporting documentation required)**

**Temporary co-payment waivers.** A co-payment may be temporarily waived on a case-by-case basis for families with income at or below 100 percent of the federal poverty level during an event that limits a parent's ability to pay in accordance with Section 1002.84(8), F.S. The request for the co-payment waiver must be documented in the case file during the initial authorization for care and at each redetermination.

Child's parents/guardians a natural disaster (storm, earthquake, etc.)

Child's parents/guardians are incarcerated or placed in residential treatment

Child's parents/guardians become homeless

Child's parents/guardians experience an emergency situation such as a fire or robbery

Child's parents/guardians are attending parenting classes

I understand that I am providing documentation that may be used to determine the need for a parent fee waiver. By signing this form, I certify that the information given is true and complete.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ELCIRMO USE ONLY**

Coincides with policy:  No  Yes Request approved:  No  Yes, Effective Dates: \_\_\_\_\_

Family Services Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

