



# Fee Reduction/Waiver Request Form

Client's Name \_\_\_\_\_

Client's SSN \_\_\_\_\_

The below listed child(ren) will be affected by this action for child care services:

Child's Name	Child's DOB	Child's SSN

**Reasons for a possible fee reduction/waiver per 6M-4.400(1) and (2)**

- |                                                                          |                                                                                   |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Child's parent/guardian is in prison            | <input type="checkbox"/> Child's parent/guardian are in residential treatment     |
| <input type="checkbox"/> Child's parent/guardian become incapacitated    | <input type="checkbox"/> Death of child's parent/guardian                         |
| <input type="checkbox"/> Homeless shelter/living arrangements            | <input type="checkbox"/> Child's parent/guardian experience a natural disaster    |
| <input type="checkbox"/> Child's parent/guardian experience an emergency | <input type="checkbox"/> Child's parent/guardian become unemployed ≤ 90 days      |
| <input type="checkbox"/> Child's parent/guardian negotiated a lower fee  | <input type="checkbox"/> Child's parent/guardian participate in a parenting class |

Referring Agency/PC Signature \_\_\_\_\_

Date \_\_\_\_\_

Agency/Work Unit \_\_\_\_\_

Phone Number \_\_\_\_\_

Address, Including City \_\_\_\_\_

**FOR OFFICE USE ONLY**

- WAIVER
- REDUCTION
- APPROVED
- DENIED

Period of Approval: \_\_\_\_\_

Actual Fee: \_\_\_\_\_

Reduced/Waived fee: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

ELC Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

Telephone # \_\_\_\_\_