



School Readiness Parent Fee Reduction/Waiver Notice

Parent/Guardian Name <input style="width: 90%;" type="text"/> Care Authorization Dates <input style="width: 20%;" type="text"/> to <input style="width: 20%;" type="text"/> Child(ren) <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>	Billing Group-Eligibility Code <input style="width: 80%;" type="text"/> Counselor Name <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>
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JUSTIFICATION FOR FEE REDUCTION OR FEE WAIVER REQUEST

Requesting: **Reduction** **Waiver**

Child's parent(s)/guardian(s):

- | | | |
|--|---|--|
| <input type="checkbox"/> are in prison. | <input type="checkbox"/> are in residential treatment | <input type="checkbox"/> became incapacitated |
| <input type="checkbox"/> experienced a natural disaster e.g. storm, earthquake | | <input type="checkbox"/> became unemployed |
| <input type="checkbox"/> experienced an emergency situation, e.g. a fire, robbery | | <input type="checkbox"/> is/are deceased |
| <input type="checkbox"/> became subject to homeless shelter/homeless living arrangements | | |
| <input type="checkbox"/> per fee reduction request provided by the referring agency | | <input type="checkbox"/> per Executive Director approval |

Request **APPROVED** by Date

Request **DENIED** by Date

Reason for denial of the parent fee reduction/waiver request (if applicable).

CAREGIVER ACKNOWLEDGEMENT:

I understand that the fee reduction granted is based upon the information above. If the child/children (listed above) becomes/become ineligible for services or the reduction is no longer necessary based upon the child's/children's needs I understand that the approval will expire.

Parent/Guardian Signature _____ Date _____

Counselor Signature _____ Date _____