



Early Learning Coalition of the Nature Coast
Serving Citrus-Dixie-Gilchrist-Levy-Suwannee Counties

Executive Director Parent Fee Reduction/Waiver Request (At Risk)

The Client Services Counselor is responsible for completing Section A of this document, and will attach the Letter of Appeal required by ELCNC policy before submitting the parent fee reduction/waiver request to the Executive Director of the Coalition. ELCNC-229 must be completed by the counselor/parent if applicable.

Section A

Parent/Guardian Name	<input type="text"/>	Billing Group-Eligibility Code	<input type="text"/>
Care Authorization Dates	<input type="text"/> to <input type="text"/>	Counselor Name	<input type="text"/>
Child(ren)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

JUSTIFICATION FOR FEE REDUCTION OR FEE WAIVER REQUEST Requesting: Reduction Waiver

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

- are in prison.
- are in residential treatment
- became incapacitated
- experienced a natural disaster, e.g. storm, earthquake
- became unemployed
- experienced an emergency situation, e.g. fire or robbery
- is/are deceased
- became subject to homeless shelter/homeless living arrangements
- are experiencing an extreme family crisis/extreme lack of resources described in the attached Letter of Appeal
- per fee reduction request provided by the referring agency

Section B of this document is completed by the Executive Director of the Coalition.

Section B

Based on the information contained in the Letter of Appeal attached to this fee reduction/waiver request the assessed parent fee is:

Waived **Assessed Fee** **Reduced to** **Denied**

Reason for DENIAL of co-payment reduction/waiver request (if applicable).

Executive Director's Signature _____ Date _____