

## Co-payment Waiver

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

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

**Policy Statement:** Each family enrolled in the School Readiness (SR) Program will be assessed a co-payment based on family size, hours of care needed and family income. Families with a child enrolled with more than one provider or with more than one child enrolled in the SR program, will be responsible for only one copayment to one contracted provider. Families who are receiving SR services through at-risk referral will have the copayment assessed at 85% State Median Income (SMI) initially and encouraged to submit income documentation to determine if the copayment can be lowered if the family income is less than 85% SMI. Reference: 6M-4.400 Required Parent Copayment, Section 1002.84(9), F.S

- 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 (reference Section 100281(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: \_\_\_\_\_

ELCFH Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Temporary co-payment waiver:**

- A co-payment may be temporarily waived on a case-by-case basis for families with income at or below 100 percent of federal poverty level.

- A co-payment may also be waived for families experiencing an event that limits a parent's ability to pay (reference 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 each redetermination.

- Natural disaster or
- Parent/guardian incarceration, placement in residential treatment or
- Homeless shelter/living arrangements, or
- An emergency situation such as household fire or burglary or
- While the parent is participating in parent classes or in an Early Head Start program or Head Start Program.
- Other: \_\_\_\_\_

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

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

ELCFH USE ONLY:

**Coincides with Policy:** [ ] No [ ] Yes **Request approved:** [ ] No [ ] Yes **Effective Dates:** \_\_\_\_\_

**Director/Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_