

ELCFH FAMILY SERVICES POLICY

SR2: Parent Fees and Fee Waivers	Subject: <i>Parent fee parameters including authority to waive assessed mandated parent co-payments</i>	Effective date	7.6.22
		Last revision	3.12.26
		SR Plan Section	II.D
	Authority Reference: 6M-4.400 Required Parent Copayment, Section 1002.84(9), F.S		

I. PURPOSE

Families enrolled in the School Readiness (SR) Program must be assessed a co-payment based on family size, hours of care needed and family income. This policy addresses facilitation of payment and consideration of a waiver of the assessed parent fee in certain situations.

II. POLICY

The ELCFH will assess each family enrolled in the School Readiness (SR) Program for a co-payment (fee) 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. The family will be encouraged to submit income documentation to determine if the copayment can be lowered if the family income is less than 85% SMI.
- Families are responsible for remitting the mandated parent fee directly to the provider site (as applicable). Providers are required to provide a receipt of payment to the parent.
- Providers may not authorize waiver of the mandated parent fee.

Early Learning Coalitions are able to authorize waivers of parent co-payments under specific circumstances. A requested co-payment waiver must be documented in the case file during the initial authorization for care and/ or at each redetermination. The completed waiver from must state the time period for the waiver; at a minimum, waivers must be reevaluated annually at the time of redetermination. Co-payment waivers may be considered on a case-by-case basis for the following reasons:

- The family is participating in an at-risk program (reference Section 100281(1),F.S.)
- The family has income at or below 100 percent of federal poverty level.
- The family is experiencing an event that limits a parent’s ability to pay the co-payment (reference Section 1002.84(8), F.S.). Events include:
 - Natural disaster;
 - Parent/guardian incarceration, placement in residential treatment;
 - Homeless shelter/living arrangements;

- Emergency situation such as household fire or burglary;
- Parent is participating in parent classes or in an Early Head Start program or Head Start Program;
- Another documented situation which results in a parent's inability to pay the assessed family co-payment.

III. PROCEDURE

Assigned ELCFH staff will assess the family size and income based on the submitted family documentation. The approved DEL issued sliding fee scale will be used to determine the parent fee. The parent will be advised of the required payment in writing by the ELCFH and will be responsible for remitting payment to the provider as documented by the ELCFH. The provider will be responsible for providing the parent with a receipt of payment and maintaining a log of payments and receipts issued.

A parent who is accessing SR services via a mandated referral may communicate with their respective case manager to obtain a fee waiver. In this case, the case manager will complete the fee waiver portion of the referral form and submit to the ELCFH. Only full parent fee waivers are permitted.

Families experiencing a hardship or difficult event may complete the ELCFH Co-payment Waiver form, documenting the nature of their hardship and providing supporting documentation. The ELCFH will assess along with submitted supporting documentation and advise the family of the approval status. The application will be filed in the family's case file and only full parent fee waivers are permitted. If approved, the ELCFH will be responsible for the full payment to the childcare provider for the child's care.

ELCFH Approved Process/ Forms:

- A. [2025-2026 Sliding Fee Schedule for 10012025 4 and 6 Percent \(002\).xlsx](#)
- B. *Co-payment/ Fee Waiver Form*

FORM: Co-payment/ Fee 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: _____