



Community Coordinated Care for Children, Inc.

Orange County
3500 W. Colonial Drive, Orlando, FL 32808
(407) 522-2252



REQUEST TO REDUCE OR WAIVE CO-PAYMENT

Each family that receives SR services shall be assessed a co-payment based on family size and the family's income, according to the sliding fee scale included in the coalition's approved school readiness plan. [6M-4.400(1)]

A. A co-payment may be temporarily reduced or waived on a case-by-case basis for foster parents and families during an event that limits a parent's ability to pay, such as:

1. Child's parents/guardians are in prison;	2. Child's parents/guardians are in residential treatment;
3. Child's parents/guardians become incapacitated or unemployed;	4. Death of child's parents/guardians;
5. Homeless shelter/living arrangements;	6. Child's parents/guardians experience a natural disaster (storm, earthquake, etc.):
7. Child's parents/guardians experience an emergency situation such as a fire or robbery;	8. Out of Home/ Non-Relative placement; Child in protective custody/court ordered (Copy of court order must be attached.)
9. Foster Parent; Child is in protective custody/court ordered (Copy of court order must be attached.)	

B. All other families may obtain a fee reduction on a case-by-case basis during the duration of special circumstances such as the ones set forth above. A special circumstance is any event that temporarily reduces the parent's ability to pay the required co-payment. [6M-4.400(2)].

Client Name: _____

Request for: **Co-Payment Reduction** **Co-Payment Waiver**

Reason #: _____ (A copy of justification documentation must accompany request.)

Referring Worker: _____

Phone #: _____ **Email:** _____

Notes:

4C USE ONLY:

Request approved:	<input type="checkbox"/>	Not approved:	<input type="checkbox"/>
Co-Payment Reduced:	<input type="checkbox"/>	Co-Payment Waived:	<input type="checkbox"/>