



Authorization for Reduction or Waiver of Co-Payment Fee



Parent/Guardian Name: _____

Child(ren)'s Name: _____

Relationship to child:

Parent Non-Relative

Relative Foster Parent

Reduced Fee Waiver

Billing Group/Eligibility Code _____

Rule 60BB-4.400 FAC states that for "at risk" children in placement within their own home, or in a relative/non-relative placement where there is no TANF, relative caregiver or other income, that co-payment can be temporarily reduced to the minimum fee on a case by case basis during an event that limits a parent's ability to pay, such as those identified below.

In addition, it also authorizes a temporary waiver on a case by case basis for licensed foster parents during an event that limits a parent's ability to pay. The foster parent co-payment may be temporarily waived if one of the following criteria is met as it relates to the child's family

- Child's parents/guardians are in prison.
- Child's parents/guardians are in the hospital or residential treatment facility.
- Child's parents/guardians are unemployed.
- Child's parents/guardians are unable to work due to illness or incapacitation.
- Death of child's parents/guardians.
- Child's parents/guardians are homeless or living in a shelter..
- Child's parents/guardians experienced an emergency (i.e., natural disaster, fire, etc.)
- Whereabouts of child's parents/guardians are unknown.
- Biological family is making the co-payment for the child.

Information based on:

_____ Telephone call with: _____

_____ Office interview with: _____

_____ Documentation: _____

Authorization granted for time period from _____ to _____

Parent/Guardian Signature _____

Date _____

Family Support Specialist: _____

Date: _____