



EPISCOPAL CHILDREN'S SERVICES - REFERRAL ADDENDUM

IMPORTANT INFORMATION:

ECS only pays a portion of the child care tuition. The parent/guardian, including Protective Service clients with fee waivers, is responsible for paying the difference between the rate charged by the provider and the rate ECS reimburses. Parent/Guardian, including Protective Service clients with fee waivers, are responsible for paying any extra fees charged by the provider (i.e. registration fees, late child pickup fees etc.) and any other additional fees requested by the provider.

Request for Reduction or Waiver of Fees

- To be completed and signed by person authorizing referral.
- Fee waivers and reductions must comply with Florida's Office of Early Learning guidelines and will only be in effect as long as the circumstances necessitate the reduction or waiver.
- Fee waivers and reductions may only be granted for Protective Services In-Home Placements or Out-of-Home Placements.

It is requested that the co-payment for _____ be temporarily: (Name of Parent/Guardian)

Reduced to the minimum fee

Waived

This request will be in effect until, ____/____/____ because of the event or circumstances marked below which limits the parent's ability to pay. (A fee may be waived only when to charge even the minimum fee would preclude access to service. Fees may not be waived or reduced past the referral expiration date.)

Child's parents/guardians are in prison

Child's parents/guardians have experienced a natural disaster (storm, earthquake, etc.)

Child's parents/guardians are in residential treatment

Child's parents/guardians have experienced an emergency situation such as a fire or robbery.

Child's parents/guardians become incapacitated Child's parents/guardians are unemployed

Death of child's parents/guardians

Homeless shelter/living arrangements

Child's parents/guardians whereabouts are unknown by the child's caseworker

Child's parents/guardians are financially unable to pay the parent fee as determined by the child's caseworker and to do so would not be in the best interest of the child's health and or welfare

After reviewing the parents/guardians financial situation, I verify that the requested fee reduction or waiver is necessary for the reason indicated above.

Caseworker Signature	Date
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Caseworkers must check this box to authorize the child(ren) referenced on the At-Risk Child Care Application and Authorization (Referral Form) may be placed in Licensed Exempt child care if chosen by the parent/guardian.

**Not applicable for children in Foster Care.*



At-Risk Child Care Application and Authorization

Authorization: INITIAL AUTHORIZATION REDETERMINATION UPDATE
 If update, change in: Hours Children Address Custody Eligibility Extension Termination of Care Worker/Unit

TO:	FROM: (Print Worker Name)	EMAIL ADDRESS:
	Unit, Number & Address	
	City, Zip Code	

SECTION A: CLIENT/FAMILY INFORMATION

If address for parent/guardian is a P.O. Box, enter street address in "Comments" below.

Social Security No.	Last Name	First Name	MI (Print)	Date of Birth	Gender	Race
Social Security No.	Spouse or Other Parent (if applicable) (Print): Last Name First Name MI			Date of Birth	Gender	Race
Address			City	State	Zip	Day Time Phone No. Evening Phone No.

If there is NO spouse: enter the Marital Status: Single Divorced Widowed Separated

Parent/ (if different from above):	Last Name	First Name	MI (Print)	Social Security No.	Date of Birth	Gender	Race
Address			City	State	Zip	Day Time Phone No.	Evening Phone No.

SECTION B: ELIGIBILITY

I. Status: Assistance Non-Assistance Rilya Wilson Act: Yes No
 At Risk: PI PS FC Diversion
 Placement Location: In Home Out of Home: Relative/Non-Relative Foster Care
 Custody: DCF Placement & Care/Custody Medicaid Eligible: Yes No
 Not Under DCF Placement & Care/Custody

II. FOR COALITION USE ONLY
 Income Eligible <100% Income Eligible 150% - 200% TANF "Child Only"
 Income Eligible 100% <=150% OTHER TANF (Relative Caregiver)

III. Primary Purpose of Care: PROTECTION
 Secondary Purpose of Care: Emergency Therapeutic Plan TANF At Risk (RCG)
 Employment Work Activity Education Activity (TED)

SECTION C: AUTHORIZATION

Child care services are authorized for this client for approved activity(ies). The minimum hours of care per child includes hours per week for reasonable transportation time. *Children authorized to receive care:*

Name	SSN	Birth Date	Race/ Gender	Minimum Hours of Care/week	FAHIS Investigation Intake #	FOR COALITION USE ONLY		
						Center/Home Placed	Date Enrolled	Assessed Fee

Gross Monthly Family Income: _____ (Attach Income Documentation, if available)
 Care Authorization from _____ through _____ (Not to exceed a 6 month period)
 Comments: _____

SECTION D: AUTHORIZING SIGNATURE(S):

 I hereby certify that the information provided above is correct.

Applicant Signature: _____ Date: _____
 Authorizing Worker: _____ Date: _____
 Supervisory Approval: _____ Tel.: _____ Date: _____
 Coalition: _____ Date: _____

THIS FORM IS VOID AFTER 10 CALENDAR DAYS FROM AUTHORIZATION DATE