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: ____________________________

☐ 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 are in residential treatment

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

☐ 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 ____________________________

☐ 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

SECTION A: CLIENT/FAMILY INFORMATION
If address for parent/guardian is a P.O. Box, enter street address in "Comments" below.

<table>
<thead>
<tr>
<th>Social Security No.</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>(Print)</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Race</th>
<th>(Print)</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Race</th>
</tr>
</thead>
</table>

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(s) 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: O PI O PS O FC O Diversion
- Placement Location: O In Home O Out of Home: Relative/Non-Relative O Foster Care
- Custody: O DCF Placement & Care/Custody
- Not Under DCF Placement & Care/Custody

Medicaid Eligible:
- Yes
- No

II. FOR COALITION USE ONLY

- Income Eligible <100%
- Income Eligible 150% - 200%
- Income Eligible 100% <=150%
- OTHER
- TANF "Child Only"
- TANF (Relative Caregiver)

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

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Birth Date</th>
<th>Race/ Gender</th>
<th>Minimum Hours of Care/week</th>
<th>FAHIS Investigation Intake #</th>
<th>Center/Home Placed</th>
<th>Date Enrolled</th>
<th>Assessed Fee</th>
</tr>
</thead>
</table>

Gross Monthly Family Income: [ ]

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.

CF-FSP 5002, PDF 11/2012