EARLY LEARNING COALITION
OF POLK COUNTY

FORM 110

Fee Reduction/Waiver Request

(Non-Referral Use Only)

Parent/Guardian Name _____ Parent/Guardian SSN _____

Fee Reduction/Waiver applies to the child(ren) listed below:

Child's Name	Child's Date of Birth

Reasons for a possible fee reduction/waiver per 6M-4.400(1) and (2)

- ☐ Child's parent/guardian is incarcerated
- ☐ Child's parent/guardian become incapacitated
- ☐ Homeless shelter/living arrangements
- ☐ Child's parent/guardian experience an emergency
- ☐ Child's parent/guardian negotiated a lower fee
- ☐ Child's parent/guardian are in residential treatment
- ☐ Death of child's parent/guardian
- ☐ Child's parent/guardian experience a natural disaster
- ☐ Child's parent/guardian become unemployed ≤ 90 days
- ☐ Child's parent/guardian participate in a parenting class

- ☐ WAIVER
- ☐ REDUCTION
- ☐ APPROVED
- ☐ DENIED

Period of Approval: _____

Assessed Fee: _____

Reduced/Waived Fee: _____

COMMENTS: _____

_____

_____

FSS Signature: _____ Date: _____

ELC Manager Signature: _____ Date: _____