Early Learning Coalition
Sarasota County

Co-Payment Waiver Request

To be Completed by:
Caseworker & ELC Family Services Specialist

The co-payment may be temporarily waived on a case-by-case basis during an event that limits a parent/guardian's ability to pay.

Section I: To be Completed by Caseworker

Parent/Guardian Name: _____

Child(ren's) Name(s): _____

Reason for Request:

☐ Parent/guardian is incarcerated

☐ Parent/guardian is in residential treatment

☐ Parent/guardian is homeless or in transitional housing

☐ Parent/guardian is participating in a parenting class

☐ Parent/guardian has become incapacitated

☐ Parent/guardian is experiencing an emergency

☐ Parent/guardian has become unemployed within the last 90 days

☐ Death of parent/guardian

☐ Experienced a natural disaster

☐ Other _____

Period of Inability to Pay

Start Date: _____/_____/_____ End Date: _____/_____/_____

_____ _____ _____
Caseworker's Signature Print Name Date

Section II: To be Completed by ELC Family Services Specialist

The above co-payment waiver request has been: ☐ Approved ☐ Denied

Start Date: _____/_____/_____ End Date: _____/_____/_____ Approved Co-Payment: $_____

_____ _____
Family Services Specialist Signature Date