



**AUTHORIZATION FOR WAIVER OF COPAYMENT FEE**

Parent/Guardian Name: _____					
Name of Children:	1. _____	2. _____	3. _____	4. _____	5. _____
Relationship to child(ren):					
<input type="checkbox"/> Parent	<input type="checkbox"/> Non-Relative	Billing Group/Eligibility Code: _____			
<input type="checkbox"/> Relative	<input type="checkbox"/> Foster Parent				

*Rule 6M-4.400 1(c) states a copayment may be temporarily waived on a case-by-case basis for foster parents and families participating in an at-risk program during an event that limits a parent's ability to pay, such as those identified below.*

*The SR Standard Eligibility Review Program Guide states a Coalition may, on a case-by-case basis, waive the copayment for an at-risk child or temporarily waive the copayment for a child whose family experiences a natural disaster or an event that limits the parent's ability to pay. Under the standard process for waiving a copayment, the referring case manager may indicate the waiver on the referral or provide other written documentation requesting the fee waiver.*

- 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 copayment for the child.

Information based on:

- Telephone call with: \_\_\_\_\_ Date: \_\_\_\_\_
- Office interview with: \_\_\_\_\_ Date: \_\_\_\_\_
- Documentation: \_\_\_\_\_

Authorization granted for time period from \_\_\_\_\_ to \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Support Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_