

**P A R E N T E D U C A T I O N C L A S S
F E E W A I V E R / R E D U C T I O N F O R M**

Today's Date _____ **Case Number** _____ **In Mult. Co?** Y / N

Last Name _____ **First** _____ **M.I.** _____

Address _____ **Apt.** _____

City _____ **State** _____ **Zip** _____

Email _____

Phone _____ **Message** _____

Source of Income (Monthly)	Gross Income of Applicant (Before Taxes)	Gross Income of Others Living & Sharing Expenses with Applicant
Wages	\$ _____	\$ _____
SSI	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
TANF	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Workers Comp.	\$ _____	\$ _____
Child or Spousal Support Regularly Received	\$ _____	\$ _____
Totals	\$ _____	\$ _____
Total Both Columns	\$ _____	
Less Day Care Expenses	\$ _____	
=	\$ _____	

Number of people in my household living on this income (required): _____

I attest that this is true & I hereby apply for a waiver:

(Signed) _____ (Date) _____

Agency Use:			
Client does NOT qualify for a fee waiver _____			
Client qualifies for	Waiver (\$0) _____	Reduced Fee \$ _____	Initials _____