**Parent Fee Program – Request for Fee Variance**

**(Print in Black or Blue Ink)**

**INFORMATION OF INDIVIDUAL RESPONSIBLE FOR FEE PAYMENT**

Parent/Guardian Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_     \_\_\_ Social Security Number: \_\_\_     \_\_\_\_\_\_\_\_

Address: \_     \_\_\_\_\_\_ City, State & Zip: \_\_     \_\_\_\_

Daytime Phone Number: \_     \_\_ E-mail: \_\_     \_\_\_\_\_\_\_\_\_\_\_

Name of Child: \_     \_\_\_\_ Relationship to Child: \_     \_\_\_\_

**FEE VARIANCE REQUEST (If any question does not apply to your situation write “does not apply”)**

Amount of Fee Variance Requested:

 [ ]  Entire Fee Waiver Request (hardship)

*Examples of hardships include: Homelessness, loss of income that drops the family income to less than 200% of the FPL; high health care costs not covered by insurance; or costly damage to home or property ($1,000 or more) not covered by insurance; etc.*

 [ ]  Fee Reduction Request (significant change)

*Example of significant changes include: An increase in family size due to the birth of a child; loss of a job; or an income drop of 20 % or more; etc.*

1) What is the significant change in circumstances, or hardship?

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2) What are the consequences and impact of the resulting financial burden?

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3) What are the unusual, average monthly costs that are above and beyond the typical costs faced by families with a child with a disability as a result of the burden or hardship? Itemize and describe each need.

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| Itemize the Product or Service |       |       |       |       |
| Average Monthly Cost for Product or Service |       |       |       |       |

4) Is the family experiencing deprivation of essential needs like food, clothing, or shelter? Please give an explanation.

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5) Estimate how long the deprivation or burden is likely to continue.

[ ] 3-6 months [ ] 6 months -1 year [ ] 1 year or more [ ] specific date

 If you marked specific date, please specify here: \_     \_\_\_\_

6) Per Tax Return Adjusted Gross Income: $\_     \_\_ Tax Year: \_     \_\_

 Estimate Current Year’s AGI (include any severance package): \_     \_

*Please attach any additional supporting documents to this form.*

*Examples of items to include that support your request: Divorce decree, child custody arrangement, unemployment determination, updated tax information, current pay check stubs, etc.*

KDADS may request additional information to consider a Fee Variance Request.

**The information I have given is true to the best of my knowledge.**

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| Print Name |  | Signature/Certification |  | Date |

(Mail this form to the address at the top of page 1. For additional questions, please contact KDADS at 785-296-4986.)