

UMCHS Reduced Co-Pay

Family Advocate _____ Date _____

Parent (s) _____ Child _____

Center _____

	YES	NO	Comments
Is the parent a TANF Recipient ?			
Is the parent receiving ERDC?			
Was a Budget completed/Attached?			
Is the parent a student? High School or College			
If parent is a student, was a child care grant applied for?			
Is the parent an online student?			
Is the parent a FT student?			
Single Parent Home?			

Parent's schedule (School or work)

Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____

Child Care Schedule

Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____

School schedule (Please attach a print out of schedule)

Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____

Proposed amount the *parent(s)* feels they are able to pay each month \$ _____

Reason for the proposed amount
