

**2019 REQUEST TO REDUCE  
CHILD CARE LICENSING FEE**

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In cases of financial hardship, applicants or licensed providers may request reduction of licensing fees. **To be considered for fee reduction, net household income must fall at or below 125% of the federal poverty guideline. Refer to attached schedule.**

Date of Request: \_\_\_\_\_

Name of Applicant or Licensed Provider: \_\_\_\_\_

Reason for Request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALL CHILDREN AND ADULTS LIVING IN HOUSEHOLD:**

Full Names	Date of Birth	Relationship to You
1.		
2.		
3.		
4.		
5.		
6.		

**Income Information – Applicant/Licensed Provider**

What is your average monthly income? \$ \_\_\_\_\_

(\*Please provide copies of your 2 most recent months of receipts or self-employment records or copies of your last year's tax returns)

**Income Information – Spouse**

If applicable, what is your spouse's average monthly income? \$ \_\_\_\_\_

(\*Please provide copies of their pay stubs for the past 2 months, self-employment records or copies of your last year's tax returns or a statement of employment & income signed by spouse's employer)

If your spouse is not currently employed, what was their last date of employment? \_\_\_\_\_

**Financial Information – Other**

Do you have any unearned income?  Yes  No (i.e. worker's comp, unemployment, child support, etc.)

If yes, what are the total monthly income amounts & source? \$ \_\_\_\_\_.

Source/s: \_\_\_\_\_

(\*Please provide written verification of income, i.e. monthly statements, pay stubs, bank deposits, etc.)

**By my signature below, I attest that the information provided in this application is true and correct. I also understand that until ALL verifications requested in this application are provided that my application cannot be processed.**

**Applicant/Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Licensing Use Only**

**FEE REDUCTION**

<b>One Year License</b>	<b>Two Year License</b>
<input type="checkbox"/> <b>Approved</b> License Fee Due: <b>\$25.00</b>	<input type="checkbox"/> <b>Approved</b> License Fee Due: <b>\$50.00</b>

**Not Approved**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorizing Signatures:**

Social Worker: \_\_\_\_\_ Date: \_\_\_\_\_

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

Dept. Director: \_\_\_\_\_ Date: \_\_\_\_\_

**2019 PROCEDURE FOR  
REQUESTING REDUCED LICENSING FEES**

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Situations may arise when applicants or licensed providers experience significant financial hardship and are unable to pay license fees. When net household income falls *at or below 125% of the federal poverty guideline (shown below)*, reduction of licensing fees may be requested.

**2019 Schedule**  
125% of Federal Poverty Guidelines

<b>Number of Household Members</b>	<b>Net Monthly Income</b>
1	\$1,301
2	\$1,761
3	\$2,222
4	\$2,682
5	\$3,143
6	\$3,603
7	\$4,064
8	\$4,524

**Procedure for Requesting Reduction in Licensing Fees**

1. Applicants or providers complete the top portion of the “Request to Reduce Child Care Licensing Fee” form.
2. The complete form is submitted to the assigned licensing social worker.
3. The social worker reviews the request with their supervisor and signs off on the request.
4. The supervisor notes their recommendation on the form and forwards the request to the department director for final approval.
5. The applicant or licensed provider will be notified of the decision in writing within 14 working days of the date of the request.

The decision of the department director is the final decision and may not be appealed. The decision applies to the current licensing or relicensing period only and does not carry over from one year to the next.