

## PARENT EDUCATION CLASS FEE WAIVER / REDUCTION FORM

*(Must have a case in Multnomah County)*

Today's Date \_\_\_\_\_ Case Number \_\_\_\_\_ In Mult. Co? Y / N

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Message \_\_\_\_\_

Source of Income (Monthly)	Gross Income of Applicant (Before Taxes)	Gross Income of Others Living In & Contributing to Applicant's Househd
	Column A	Column B
Wages	\$ _____	\$ _____
SSI	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
TANF	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Unemployment		
Compensation	\$ _____	\$ _____
Workers Comp.	\$ _____	\$ _____
Child or Spousal Support Regularly Received	\$ _____	\$ _____
Totals	\$ _____	\$ _____
Total A + B	\$ _____	
Less Day Care Expenses	\$ _____	
=	\$ _____	

Number of people in my household living on this income: \_\_\_\_\_

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

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_

**Agency Use:**

Client qualifies for **Waiver (\$0)** \_\_\_\_\_ **Reduced Fee \$** \_\_\_\_\_ **Initials** \_\_\_\_\_