

**CHILD AND FAMILY CONNECTIONS
FAMILY PARTICIPATION FEE CREDIT REQUEST**

Date Submitted to DHS: _____

Submitted by CFC #: _____

Service Coordinator's Name _____

Service Coordinator's Phone Number/ Extension _____

Child's Name (First, Middle Initial, Last) _____

EI # _____

Date of Birth (Month/Day/Year) _____

Calendar Month(s) being requested for Credit: _____

Reason family fee credit is being requested: _____

Steps taken by CFC to correct problem: _____

Action Taken *FOR DHS USE, ONLY*

- Attach Current Family Fee Report (REQUIRED)** showing changes in income, household size, etc.
- Attach documentation to support family fee (if applicable, i.e., family contacts regarding incorrect IFSP end date, provider contact notes, AllKids card, etc.

PLEASE FAX COMPLETE PACKET TO: DHS FAMILY FEE COORDINATOR AT 217/524-6248