



Parent Request for a Financial Hardship Determination

Child Name	Date of Birth	Head of Household	Date Completed

Please check the item below that indicates your need for a financial hardship determination, and attach copies of any necessary documentation that supports your request for financial hardship. Please return this form and the supporting documentation to your Service Coordinator. The First Steps office will contact you within ten business days from the date your request is received by your Service Coordinator.

Reason for Hardship Request

Loss of Home. Explain: _____

Loss of Job. Explain: _____

Extensive Medical Costs (Must be at least 10% of adjusted gross income). Explain: _____

Other. *Explain: _____

**Requires SPOE Director approval.*

I hereby request the First Steps office consider our family for a Financial Hardship Determination due to the event listed above. I understand that this request does not guarantee a reduction in our monthly fee.

I also understand that any change in our family’s income or household size may result in changes to our monthly fee, and agree to notify my Service Coordinator of these changes immediately.

Parent Name: _____ Date: ____/____/____
Print Signature