

**Child Impact Program
Request to Reduce or Waive Fee**

1. Please Check One:

- I am living without other adults due to divorce/separation. **Report only for yourself.**
- I am part of a household that shares income. **Report for the total household.**

2. Name: _____

3. Address: _____

4. Telephone: _____

5. Please check one box below:

- I am currently receiving need-based assistance and would like the fee waived or reduced. I have included **verification of public assistance** (a copy of TANF, EBT, Medicaid or Food Stamps card – or most recent official letter stating your benefits).
- I am not receiving need-based assistance, but I am unable to pay the full fee and request that the fee be reduced or waived. I have completed the *State of NH Judicial Branch Financial Affidavit* form.

Participant Signature

Date

FOR CIP OFFICE USE ONLY BELOW / SEND TO PARENT FOR INFORMATION

I _____, of _____
(Print name) *(Program Provider)*

have reviewed the above information. Based on this review:

- The CIP fee is reduced / waived to \$ for **need-based** assistance
- The CIP fee is reduced / waived to \$ for **non-need-based** assistance

Program Provider Signature

Date