



TO: Maryland Child Care Providers

FROM: MSDE / DHS

DHS Case Manager Name:

PHONE:

SUBJECT: **CO-PAYMENT WAIVER**

DATE:

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN PHONE:

PARENT/GUARDIAN EMAIL:

This letter is confirmation that the above parent is a participant of the HB1121 Program and their assigned co-payment is waived. The parent is responsible for paying any amount that is not covered by the child care scholarship. The parent must provide a copy of this letter to their selected child care program to inform them of their co-payment waiver. If you have any questions about waiving the assigned co-pay, please contact Jennifer Egan, DHS Liaison, at Jennifer.Egan@Maryland.gov.

By signing this form, you acknowledge and agree to the above.

Signature: _____

Date: _____

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This form is only to be completed and submitted by a DHS Case Manager.