



# Programs for Parents

Comprehensive Services for Families and Children

## **SUBSIDY PROGRAMS DEPARTMENT** **NOTICE OF FAILURE TO SUBMIT CO-PAYMENT FEE**

**Date:** \_\_\_\_\_

**FROM:**

Provider Name: \_\_\_\_\_

EPPIC ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**RE:**

Parent Name: \_\_\_\_\_

Family ID/Case#: \_\_\_\_\_

To Whom It May Concern:

This is to serve as notice that the parent listed above has failed to submit co-payment fees as stated in the enclosed child care agreement. The total co-payment due is \$\_\_\_\_\_.

This amount represents the period of service from \_\_\_\_\_ to \_\_\_\_\_.

As a result of the amount due, I will be terminating child care services to this family effective \_\_\_\_\_.  
(Month/Day/Year)

*\*NOTE: In the event of termination, the parent is still responsible for payment of any fees owed.*

\_\_\_\_\_  
(Print Name of Child Care Provider)

\_\_\_\_\_  
(Signature of Child Care Provider)