



Part C Financial Assistance Form

In accordance with IDEA 2011 Federal Regulations §303.520 and 303.521 under Public Law 108-446, families with children who are eligible to receive early intervention services through Delaware's Birth to Three Early Intervention System/Child Development Watch share in the cost of early intervention services for their eligible child by paying insurance premiums and by allowing early intervention providers to access their insurance coverage. Also, depending on private insurance plans, out-of-pocket expenses may be incurred due to deductibles, co-pays, and/or coinsurance.

Families living above 290% of the federal poverty level as outlined in the DHSS Policy Memorandum #37, and who have denied access to public and private insurance, will pay 100% of cost-sharing or fees (\$74 per thirty (30) minutes of intervention services), although exemptions may be made due to financial hardship.

Families living above 290% of the federal poverty level who consent to the use of public or private insurance may request assistance with payment of insurance co-pays and/or co-insurance for extraordinary circumstances. If you complete the information below, the Child Development Watch program can determine if you have the inability to pay or other extraordinary circumstances:

I, _____, have been informed that there is a co-pay of
(mother, father, guardian)

\$_____ for each recommended therapy as determined by my insurance provider.

My insurance provider is: _____.

PLEASE CHECK ONE:

I have denied use of my private insurance and am submitting income documentation to determine whether my income is below 290% of the federal poverty level.

Request for Assistance with Co-Pays

I have authorized use of my private and/or public insurance and can pay \$_____ a month toward my co-pay.

Reason for Reason

request _____

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Service Coordinator (please print): _____

CDW Program Use Only When denying use of private insurance

Per DHSS Policy Memorandum #37, family's cost sharing amount is: _____

CDW Program Clinic Manager Signature: _____ Date: _____