

## Fee Waiver Request for Confidential Intermediary Services

Request for Reduction or Waiver of Adoption, Search and Contact Services Fees. These are the services provided by a Private Agency.

I, \_\_\_\_\_ of \_\_\_\_\_,  
 (Name of Applicant) (Address)

am requesting (1) a reduction of the Adoption Search, Contact and Reunion Services fee in the amount of \$\_\_\_\_\_, or (2) total waiver of the fee based on my income. My request is based on the following fee schedule.

### Search, Contact and Reunion Services Fee Schedule

Gross Income	Paid to DHR	Paid to DHR	No Payment Due	Paid to CI's Agency	Paid to CI's Agency
	Registry Application Only	Registry & Search Services Application	Documented Medical Emergency	Search Contact and Reunion w/ one person	Search, Contact and Reunion w/ Two Persons
\$ 0 – 10,000	\$0	\$0	\$0	\$0	\$0
\$10,001 – 20,000	\$0	\$0	\$0	\$125	\$225
\$20,001 – 30,000	\$0	\$0	\$0	\$175	\$275
\$30,001 – 40,000	\$0	\$0	\$0	\$250	\$350
\$40,001 – 50,000	\$0	\$0	\$0	\$325	\$425
\$50,001 – 60,000	\$0	\$0	\$0	\$400	\$500
\$60,001 – 70,000	\$0	\$0	\$0	\$475	\$575
\$70,001 – 80,000	\$0	\$0	\$0	\$525	\$625
\$80,001 – 90,000	\$0	\$0	\$0	\$625	\$725
\$90,001 & above	\$0	\$0	\$0	\$725	\$825

I am submitting supporting documentation with my request that verifies my income. Supporting documentation of income includes:

- The Federal Tax Form 1040,
- A copy of your most recent unemployment statement that reflects your unemployment payment and the number of weeks remaining for unemployment collection;
- A statement regarding expiration of unemployment payments;
- A statement regarding receipt of Medical Assistance and/or Food Stamps based on your unemployment or other sources of income;
- Receipt of Public Assistance to Adults (PAA), which is a monthly payment of State funds to a person who has been certified for Assisted Living, a CARE Home or Rehabilitative Residence;
- An award letter regarding receipt of Social Security Disability funds, Supplemental Security Income, Veterans Benefits, retirement benefits, or any other benefits you might be receiving.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date