Family Fee Waiver for 2021-22

- Family fees are waived for all families effective July 1, 2021, through June 30, 2022.
  - Families shall promptly receive a refund for any fees collected.
- Any families disenrolled due to delinquent family fees for FY 2021–22 are to be re-enrolled without having to provide additional eligibility documentation if the family wants to continue receiving services.

Family Fee Requirements - New Enrollments and Recertifications

- Although family fees are being waived for FY 21–22, contractors are still required to calculate and assess the appropriate family fee. Contractors shall use the 2021–22 Family Fee Schedule and indicate the assessed family fee on the Notice of Action (NOA), as well as state that the family fee has been waived and no family fees are to be paid until July 1, 2022.
- Families who were initially certified or recertified based on an eligibility criterion other than income, and who are not otherwise exempt from family fees, are required to be assessed a fee. Families whose incomes exceed the amounts on the annual family fee schedule must be assessed the highest fee for their family size.

Families on Delinquent Family Fee Plans

- During the 2021–22 fiscal year, families shall not be disenrolled for non-payment of previous years’ delinquent family fee plans.
- Families disenrolled by the contractor due to delinquent family fees during a period in which family fees are waived can be reinstated.
- For families that have a delinquent family fee plan, contractors must continue to attempt collection of the delinquent family fees to ensure there is proper documentation that would allow the contractor to write off the fees, if necessary.

Contractor Reporting and Reimbursement

- The Child Development and Nutrition Fiscal Services (CDNFS) attendance and fiscal reports allow contractors to report the amount of family fees waived. All
contractors will be required to report the total amount of family fees that were assessed, but waived

For more information, consult Management Bulletin 21-12.