

## Stafford County CSA Program

### Residential Treatment Income Assessment Worksheet for Parent(s) / Guardian(s)

<b>Youth Name:</b>				<b>Assessment Date:</b>				
<b>HOUSEHOLD INFORMATION</b>				<b>CASE INFORMATION</b>				
<b>Mother / Guardian Name:</b>				<b>Case Manager:</b>				
<b>Father / Guardian Name:</b>				<b>Case Manager's Agency:</b>		<input type="checkbox"/> CSU <input type="checkbox"/> CSB <input type="checkbox"/> DSS <input type="checkbox"/> Schools <input type="checkbox"/> Other: _____		
Number of siblings in the household:				Was client screened for Medicaid?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of extended family / other adults residing in the household:				Is client enrolled in Medicaid?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Is the family income at or below poverty guidelines for the household size? (see poverty guidelines)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				Does the client have private insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<b>INCOME INFORMATION</b>				
The co-pay scale is based solely on the parent(s)/guardian(s) gross annual household income. One of the following forms of documentation is required to determine the <b>GROSS ANNUAL</b> household income.								
<b>Documentation Provided</b>				<b>CSA Ability to Pay Scale</b>				
Check all provided. <b>ONE</b> is required.	<input type="checkbox"/> IRS Form 1040 (from the prior tax year)		<input type="checkbox"/> Pay Stub(s) (covering a one month period)		<b>Gross Annual Income</b>		<b>Monthly Co-pay</b>	
	<input type="checkbox"/> W-2(s) (from the prior tax year)		<input type="checkbox"/> Employment Verification Form		<input type="checkbox"/>	\$0 - \$12,500.00	\$65.00	
			<input type="checkbox"/> Other*		<input type="checkbox"/>	\$12,501.00 - \$20,000.00	\$97.00	
					<input type="checkbox"/>	\$20,001.00 - \$27,500.00	\$129.00	
					<input type="checkbox"/>	\$27,501.00 - \$35,000.00	\$162.00	
					<input type="checkbox"/>	\$35,001.00 - \$42,500.00	\$194.00	
					<input type="checkbox"/>	\$42,501.00 - \$50,000.00	\$227.00	
					<input type="checkbox"/>	\$50,001.00 - \$57,500.00	\$259.00	
					<input type="checkbox"/>	\$57,501.00 - \$65,000.00	\$292.00	
					<input type="checkbox"/>	\$65,001.00 - \$72,500.00	\$324.00	
				<input type="checkbox"/>	\$72,501.00 - \$80,000.00	\$357.00		
				<input type="checkbox"/>	\$80,001.00 - \$87,500.00	\$389.00		
				<input type="checkbox"/>	\$87,501.00 and above	\$422.00		
				*Other income can include: public assistance, social security, child support, alimony, unemployment, worker/compensation, insurance settlement, rental income, retirement benefits, VA Benefits, Military allotment, interest/dividend, and inheritance				
<b>VERIFICATION &amp; AGREEMENT</b>				<b>Remittance Information</b>				
This fee assessment has been completed pursuant to the policies of the Stafford County Community Policy & Management Team, and the Virginia Comprehensive Services Act (§2.2-5200 et. seq.). Monthly co-pays will be paid directly to the Stafford CSA Program. The undersigned parent/guardian hereby verifies that all the information contained in this form is accurate and complete. Furthermore, the undersigned understands the co-pay determination, and agrees to pay the co-pay by the 15 <sup>th</sup> of each month in which services are rendered. <b>Accounts that are 120 past due will be referred to an third party collection agency and assessed a collection fee of 10.95% of the past due amount.</b>				<b>Attention:</b>		Stafford County CSA Program		
						PO Box 339 Stafford, VA 22555		
		<b>Signature</b>		<b>Date</b>		<b>Phone:</b>		
Mother / Guardian:						540-658-4622, 540-658-4619		
Father / Guardian:						<b>Service Start Date:</b> <b>End Date:</b>		
Case Manager:						Case managers are to complete this worksheet and inform parent/guardian of the co-pay determination prior to FAPT, and they are responsible for submission of the documents for income along with this worksheet.		