

Stafford County CSA Program
Income Assessment Worksheet for Parent(s) / Guardian(s)

Youth Name:				Assessment Date:				
HOUSEHOLD INFORMATION				CASE INFORMATION				
Mother / Guardian Name:				Case Manager:				
Father / Guardian Name:				Case Manager's Agency:		<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		
Is the family income at or below poverty guidelines for household size? (see poverty guidelines) <input type="checkbox"/> Yes <input type="checkbox"/> No				Does the client have private insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
				INCOME INFORMATION				
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 GROSS ANNUAL household income.								
Documentation Provided				CSA Ability to Pay Scale				
Check all provided. ONE is required.	<input type="checkbox"/> IRS Form 1040 (from the prior tax year)		<input type="checkbox"/> Pay Stub(s) (covering a one month period)		Gross Annual Income		Monthly Co-pay	
	<input type="checkbox"/> W-2(s) (from the prior tax year)		<input type="checkbox"/> Employment Verification Form		<input type="checkbox"/>	\$0 - \$12,500.00	\$0.00	
			<input type="checkbox"/> Other*		<input type="checkbox"/>	\$12,501.00 - \$20,000.00	\$20.00	
	Annual Income: Calculate the GROSS ANNUAL household income based on the documentation provided. Enter that number below:				<input type="checkbox"/>	\$20,001.00 - \$27,500.00	\$40.00	
					<input type="checkbox"/>	\$27,501.00 - \$35,000.00	\$60.00	
	Monthly Co-pay: Using the scale on the right, check the box that corresponds to the calculated gross annual income. Enter the co-pay below:				<input type="checkbox"/>	\$35,001.00 - \$42,500.00	\$80.00	
					<input type="checkbox"/>	\$42,501.00 - \$50,000.00	\$100.00	
				<input type="checkbox"/>	\$50,001.00 - \$57,500.00	\$120.00		
				<input type="checkbox"/>	\$57,501.00 - \$65,000.00	\$140.00		
				<input type="checkbox"/>	\$65,001.00 - \$72,500.00	\$160.00		
				<input type="checkbox"/>	\$72,501.00 - \$80,000.00	\$180.00		
				<input type="checkbox"/>	\$80,001.00 - \$87,500.00	\$200.00		
				<input type="checkbox"/>	\$87,501.00 and above	\$220.00		
*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								
VERIFICATION & AGREEMENT				Remittance Information				
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 th of each month in which services are rendered. 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.				Attention:		Stafford County CSA Program		
						PO Box 339 Stafford, VA 22555		
		Signature		Date		Phone:		
Mother / Guardian:						540-658-4622, 540-658-4619		
Father / Guardian:						Service Start Date: End Date:		
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.				