

Stafford County CSA Program

Residential Treatment 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 the 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	\$65.00		
			<input type="checkbox"/> Other*		<input type="checkbox"/>	\$12,501.00 - \$20,000.00	\$97.00		
	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	\$129.00		
					<input type="checkbox"/>	\$27,501.00 - \$35,000.00	\$162.00		
	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	\$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									
VERIFICATION & AGREEMENT				Remittance Information					
This fee assessment has been completed pursuant to the policies of the Stafford County CPMT and Virginia CSA (§2.2-5200 et. seq.). Monthly co-pays will be paid directly to the Stafford CSA Program. The undersigned hereby verifies that all information contained in this form is accurate and complete. The undersigned understands the co-pay determination, and agrees to pay the co-pay by the 15 th of each. If the undersigned appeals the determination they agree to sign and return the appeals outcome notification; if this notification is not signed and returned to the CSA program the co-payment determination is effective. Non-payment of assessed co-payment may result in the disruption or cancellation of services until payment has been received.				Attention:		Stafford County CSA Program			
				Signature		Date		PO Box 339 Stafford, VA 22555	
				Mother / Guardian:					
Father / Guardian:				Phone:		540-658-4619			
Case Manager:				Appealing:					
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.									