

**Stafford County CSA Program**  
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 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"/> Other*		<input type="checkbox"/>	\$0 - \$12,500.00	\$0.00
Annual Income	Calculate the <b>GROSS ANNUAL</b> household income based on the documentation provided. Enter that number below:			<input type="checkbox"/>	\$12,501.00 - \$20,000.00	\$20.00	
				<input type="checkbox"/>	\$20,001.00 - \$27,500.00	\$40.00	
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"/>	\$27,501.00 - \$35,000.00	\$60.00	
				<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					
<b>*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>							
<b>VERIFICATION &amp; AGREEMENT</b>				<b>Remittance Information</b>			
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 <sup>th</sup> 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. <b>Non-payment of assessed co-payment may result in the disruption or cancellation of services until payment has been received.</b>				<b>Attention:</b>		Stafford County CSA Program	
						PO Box 339 Stafford, VA 22555	
				<b>Signature</b>		<b>Date</b>	
Mother / Guardian:				<b>Phone:</b>		540-658-4619	
Father / Guardian:				<b>Appealing:</b>			
Case Manager:				<b>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.</b>			