Comprehensive Services
Chesterfield County/Colonial Heights

P.O. Box 40 9501 Lucy Corr Circle, Chesterfield, Virginia 23832-0040 (804) 768-7387 FAX (804) 717-6133

Dear Parent/Guardian:

You and your child have been scheduled for Family Assessment Planning Team (FAPT) meeting on _____________. Please plan to arrive 20 minutes prior to your scheduled appointment to meet with CSA staff to discuss parental co-payment assessment. The parental co-payment assessment is based on a sliding scale and your ability to financially contribute to the services approved during the FAPT meeting.

Please come prepared with the following information:
Completed and signed *Household Income and Expense* form (enclosed).

Verification of Income – (bring all that apply)

- One month of pay stubs, statement from employer, or most recent tax forms
- SSI/SSDI award letter
- Child Support Enforcement statement
- Spousal Support
- Rental Income
- Retirement Income
- Worker's Compensation
- Sources of other income

If unemployed, you must provide a copy of the unemployment compensation award letter and/or statement from person(s) who is providing you room and board and/or financial support.

Medicaid card or Application, if applicable

Verification of Expense –

- Extraordinary Medical Expenses (hospital, doctors, dentist)
- Health Insurance coverage
- Child Care Expense
- Alimony
- Child Support

Following your FAPT appointment, if services are approved, you will be asked to complete and sign a *Parental Contribution Agreement,* which will state your monthly co-pay amount, and the date in which payment will begin. You will receive monthly statements indicating balance due.

Community Policy and Management Team

Sarah Snead- *Chesterfield* • Eileen McHugh-Brown, *CPMT co- chair, Colonial Heights* • Christy George, *Colonial Heights Public Schools* • Doug Bilski, *Chesterfield, Community Services Board* •
James Nankervis, *Chesterfield/Colonial Heights, 12th District Court Services Unit* • Danika Briggs, *Chesterfield/Colonial Heights, Department of Social Services*•
Samantha Hollins, *Chesterfield Public Schools* • Sherri Diven, *Colonial Heights, Community Services Board*•
Vicki Stamps, *Chesterfield/Colonial Heights, Health Department* • Jana Carter, *Chesterfield, Citizen Information and Resources* •
• Adalay Wilson, *Chesterfield, Private Provider Representative* • Kristen Eichert, *Colonial Heights, Private Provider Representative* •

Karen Reilly-Jones, Administrator

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PARENTAL CONTRIBUTION AGREEMENT

I, ______________________________________, am the parent/legal guardian of, ______________________________, who is currently receiving services through Chesterfield County /Colonial Heights Comprehensive Services. I understand the Family Assessment and Planning Team (FAPT) have approved the funding of services for my child, and have the authority to discontinue funding for services when appropriate. I understand that I am expected to take an active part in my child's treatment and with the FAPT planning process. I agree to financially contribute to these approved services per the *Child Support Guideline Worksheet* for residential services or the *Sliding Fee Scale* for non-residential services in the amount of $___________ per month. I understand I will receive a monthly statement indicating the payment amount due and due date. Late payments will be assessed a penalty of 10% of payment amount due or $10 whichever is greater.

I understand that if I fail to comply with payments, then Chesterfield/Colonial Heights Comprehensive Services *will* forward my outstanding balance to Chesterfield County Debt Collection Department. Once the account has been turned over for collections, I understand that I will be responsible for an additional collection fee of $30 added by the collection agency. I further understand that my outstanding account will be reported to the credit bureau by the collection agency.

Parent/ Legal Guardian	Spouse/Legal Guardian
Name of Bank ___________________________	Name of Bank______________________________
Name of Employer_______________________	Name of Employer_________________________
SSN#___________________________________	SSN#_____________________________________
Print Name______________________________	Print Name_________________________________

*This information will be used should your account be turned over to Debt Collection.

Signed:

__________________________Date____________ ___________________________Date____________

Parent/guardian Spouse/guardian

__________________________Date____________

Fred Hutter

Fiscal Analyst

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Chesterfield CPMT Household Income and Expense Form

Residential and Non-Residential Services

Date: ______________________

General Information

Child's Name	______________________	Medicaid enrolled	YES/NO
Parent's Name	______________________	Parent's Name	______________________
Address	______________________	Address	______________________
	______________________		______________________
Telephone	______________________	Telephone	______________________
Number of Children (living in household)	______________________	Ages	______________________

Parent Income**	**Gross Income**	**Per Pay Period**	**Pay Period Frequency**	**Gross Monthly Income**
Parent 1			x	=
Parent 2			x	=
Other			x	=

Child's SSI and SSDI Eligibility	**SSI**	**SSDI**
Eligible and receiving payments	YES/NO	YES/NO
Eligible but not receiving payments	YES/NO	YES/NO
Potential eligibility	YES/NO	YES/NO
Determined ineligible	YES/NO	YES/NO
Not applicable	YES/NO	YES/NO
Unknown	YES/NO	YES/NO

Other Family Income	**Monthly**
General Relief	
TANF	
Unemployment Compensation	
Social Security Benefits	
Alimony/Child Support	
Investment Interest/Dividends	
Life Insurance Payments	
Disability/Worker's Comp	
Retirement Income	
Trusts	
Other	
Total Gross Monthly Income	

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Monthly Expenses**

Extraordinary Medical Expenses

Doctor	______	Child Care	______
Hospital	______	Alimony	______
Medication	______	Child Support	______
Health Insurance	______	Counseling	______
		Total Monthly Expenses	______

**Supporting Documentation Required for Income and Monthly Expenses

I certify that the information is accurate to the best of my knowledge and that I have reported all income and expenses.

______ ______

Parent Signature Date

______ ______

Parent Signature Date

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