Parental Contribution Assessment

Welcome to the Children's Services Act (CSA) Program. CSA helps pay for behavioral health services to youth and families when other funding sources such as Medicaid, private insurance, and other family resources have been exhausted and/or are not available. All families requesting funding from CSA receive services on a sliding scale based on their financial ability to contribute to the cost of those services. Your financial contribution towards the cost of services is important and required to access CSA funded services.

CASE MANAGER INFORMATION		
Agency Case Manager Name	Email:	Phone#:

FAMILY INFORMATION		
Child's Name:	Date of Birth:	Harmony#:
Address:	City:	Zip:

PARENT / GUARDIAN #1 ☐ *please mail all invoices / correspondence to the address below*			
Name			Relationship to Child
same as above	Address:	City:	Zip:
Phone:	Email:		

PARENT / GUARDIAN #2 ☐ *please mail all invoices / correspondence to the address below*			
Name			Relationship to Child
Same as above	Address:	City:	Zip:
Phone:	Email:		

INSURANCE INFORMATION	
☐ I do not have private insurance	
☐ I have private insurance	Private Insurance Carrier Name:
______/______(Parent/Guardians' Initials) I/We are applying for CSA funding after determining that other funding sources such as private insurance is unavailable/inappropriate for the services requested and understand that the Parental Contribution is not refundable via private insurance.	

PLEASE CHECK ALL THAT APPLY

☐1. Child/Youth has been found eligible for free or reduced school meals*

FCPS or FCCPS Social Worker Name	Signature	Date

☐ 2. Child/Youth receives income-based Medicaid, TANF, SNAP benefits* | CSA Verification:

☐ 3. Community Based Services Request for Kin Caregiver*

☐ 4. PPS/CPS Waiver

If this box is checked/signed your parental contribution assessment is complete. Please submit page one to the CSA office.

DFS/PPS/CPS Worker Name	Signature	Date

If any of the above 1-3 apply, no worksheet and no additional income verification is required. Your copay will be $0.00. Please review and sign page 4.

If the above 1-3 does not apply, please complete the next section to determine the monthly parental contribution for community-based and residential/group home services.

For questions, please click here or contact Brian Salazar Zamora at (703) 324-5858.
Completed documents can be emailed to DFSCSA@fairfaxcounty.gov or faxed to (703) 653-1369.

Parental Contribution Assessment

Instructions: *complete worksheet below to determine your monthly parental contribution.*

FINANCIAL INFORMATION	
Parent/Guardian #1 Annual Gross Income *(Please submit copies of 2 most recent paystubs)*	$
Parent/Guardian #2 Annual Gross Income *(Please submit copies of 2 most recent paystubs)*	$
Other Sources of Income (Ex: child support, alimony, Social Security, unemployment) *(Please submit supporting documents)*	$
Total Annual Household Income	$
CALCULATE ADJUSTED HOUSEHOLD INCOME (AHI)	
Number of dependent children under the age of 18	
Deduction (# of children x $4,050)	$
Subtract Deduction from Total Annual House Income to get Adjusted Household Income	$

Use this chart to calculate your Parental Contributions Assessment:

Tier	Adjusted Household Income (AHI)	Community-Based Services	Residential/ Group Home
1	$48,599 - And Below	$0	$0
2	$48,600 - $55,599	$67	$135
3	$55,600 - $62,599	$77	$154
4	$62,600 - $69,599	$86	$174
5	$69,600 - $76,599	$96	$193
6	$76,600 - $83,599	$106	$213
7	$83,600 - $93,599	$203	$361
8	$93,600 - $103,599	$228	$405
9	$103,600 - $113,599	$252	$448
10	$113,600 - $123,599	$276	$491
11	$123,600 - $133,599	$301	$534
12	$133,600 - $143,599	$325	$578
13	$143,600 - $158,599	$454	$799
14	$158,600 - $173,599	$501	$882
15	$173,600 - $188,599	$548	$966
16	$188,600 - $203,599	$596	$1,049
17	$203,600 - $218,599	$643	$1,133
18	$218,600 - $233,599	$691	$1,216
19	$233,600 - $324,999	5% of AHI ÷ 12	10% of AHI ÷ 12
20	$325,000 - $374,999	8% of AHI ÷ 12	15% of AHI ÷ 12
21	$375,000 - and Above	10% of AHI ÷12	20% of AHI ÷ 12

Determine the parental contribution by using the Parental Contribution Scale.

- Monthly parental contribution amounts are provided for Tiers 1 – 18.
- Tiers 19-21, parental contribution amounts are calculated based on the percentages and formula provided in the scale.

Example #1:
Annual Household Income = $67,500
3 children under age 18 x $4,050 = $12,150
Adjusted Household Income = $55,350
Tier 2, CBS = $67, RS/GH = $135

Example #2:
Annual Household Income = $240,000
4 children under age 18 x $4,050 = $16,200
Adjusted Household Income = $223,800
Tier 18, CBS = $691, RS/GH = $1,216

Example #3:
Annual Household Income = $324,500
1 child under age 18 x $4,050 = $4,050
Adjusted Household Income = $320,450
Tier 19, CBS = 5% of AHI/12
RS/GH = 10% of AHI/12

320,450 x 5/100=16,022.5/12=1,335.21
320,450 x 10/100=32,045/12=2,670.42

CBS = $1,335.21, RS/GH = $2,670.42

PARENTAL CONTRIBUTION ASSESSMENT	
Parental Contribution for Community-Based Services Monthly $	Parental Contribution for Residential/Group Home Services Monthly $

I would like to request a reduction or waiver yes ***(please complete the next section)*** no ***(review & sign page 4)***

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I am requesting a reduction/waiver because I cannot afford the monthly parental contribution due to financial hardship or because my child's sibling is currently assessed a monthly parental contribution.

REDUCTION / WAIVER - *Check one of the boxes below*			
☐	**Sibling Waiver**	**Name of Sibling:**	
		DOB:	**Harmony #:**
☐	**Full Waiver**	**I cannot afford the monthly contribution.**	
☐	**Reduction**	**I can afford to pay $ per month.**	
Reason for Request: ***Must complete if Full Waiver or Reduction is requested*** *(Use additional sheets, if necessary. Provide copies of bills showing debts for health treatment and payments on the debt, bankruptcy filings, and termination of employment letters. Explain available resources.)*			

This Reduction/Waiver Agreement is effective when signed by a parent/legal guardian and the CSA Program Manager or CSA Staff Designee (please sign page 4).

FOR CSA STAFF USE ONLY
Disposition: (Approved/Denied/Other)

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The Parental Contribution Assessment, Waiver and/or Reduction is not valid unless signed by a parent(s)/legal guardian(s) and the CSA Program Manager or CSA Staff Designee.

ACKNOWLEDGEMENTS
I understand that I am responsible for making a payment for each month that services are delivered to my household members. I understand that I must keep my account current to ensure continuation of services. I am responsible for promptly reporting changes in income or household size. I agree to discuss any concerns about the services or provider with my case manager when they arise. I understand that I may pay the fee in advance or following the month of service by either making a payment via the online payment portal OR sending a check payable to the County of Fairfax, Department of Family Services, Accounts Receivable/CSA, PO Box 3406, Fairfax VA 22038-3406. Please include the account number from the invoice on the check.   *The Fairfax County Department of Family Services (DFS)/ Children's Services Act Office will refer unpaid balances delinquent 60 or more days to the Fairfax County Department of Tax Administration (DTA) to initiate the collection process. All delinquent charges are subject to additional fees and collection action by DTA or its agents as authorized by law (Fairfax County Code, §1-1-18 and Code of Virginia, §58.1-3934; §58.1-3958).*
The parties agree that the Virginia Office of Children's Services (OCS) shall be a party to this assessment and that the signature of the CPMT (or its designee) shall be deemed to be entered on behalf of the OCS for the sole purpose of conferring upon the OCS the authority to make a claim against the parent or legal guardian named herein for such parent's or legal guardian's failure or refusal to pay the agreed upon sum on a timely basis. Such claim for payment by the OCS shall be made only upon the request of the CPMT (or its designee) and through the Department of Law's Division of Debt Collection in the Office of the Attorney General when a collection action cannot be referred to the Division of Child Support Enforcement of the Department of Social Services.

I certify that the information I have given on this form is true, complete, and accurate. I understand that my failure to provide true, complete, and accurate information on this form will result in denial or withdrawal of the Parental Contribution Assessment and denial or withdrawal of current or future services. This agreement is effective when signed by a parent(s)/legal guardian(s) and the CSA Manager or CSA Staff Designee.

Parent/Guardian #1	Parent/Guardian #2	Date
FOR CSA STAFF ONLY		
CSA Staff	Title/Position	Date
The Parental Contribution Assessment, as well as any approved reductions/waivers, is valid as long as your child is receiving services with CSA. If family financial circumstances change, families may resubmit the Parental Contribution Assessment.		

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