

Prince Edward County Children's Services

PO Box 382 311 South Street, 3rd Floor, Farmville, Virginia 23901 (434)392-8837 FAX (434)392-6683

Prince Edward County CSA Co-Payment Screening Form

Youth Name: _____

Assessment Date: _____

Guardian(s) Name: _____

Case Manager: _____

Number of people in home: Adults _____ Children: _____

Ages of Children in the home: _____

Gross Annual Household Income: _____

* Please verify income by providing one month of pay stubs, W-2s from prior year, or letter from employer, including pay rate.

Are you currently enrolled in any of the following benefit programs?

- SNAP
 TANF
 Medicaid

The undersigned parent/guardian hereby verifies that all the information contained in this form and the Co-Payment Screening Form is accurate and complete. Furthermore, the undersigned understands the co-payment determination, and agreement to pay the co-payment each month services are rendered.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

OFFICE USE ONLY

ALICE Stability Budget Based on Household Size: _____

Co-payment Required:

- Yes (Co-payment Agreement Required)
 No

CSA Coordinator _____

Date _____

Preserving families by providing child-centered, community-based services in Prince Edward County

Community Policy and Management Team

Douglas P. Stanley - Fiscal Agent · Kimberley Allen - CPMT Chair/Department of Social Services - Erica Hazelwood - Prince Edward County Public Schools · Kara Comer - Court Services Unit · Cyntina Bagley - Crossroads Services Board · Health Department - Karen Townsend · Taylor Allen - Private Provider Representative ·

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Prince Edward County CSA Co-Payment Agreement

Youth Name: _____

Agreement Date: _____

Guardian(s) Name: _____

Gross Annual Household Income: _____

CSA Ability to Pay Scale

Table with 3 columns: checkbox, Gross Annual Income, Monthly Co-Payment. Rows range from \$0-\$12,500 to \$87,501 and above.

This fee assessment has been completed pursuant to the policies of the Prince Edward County Community Policy and Management Team, and the Virginia Children's Services Act (§2.2-5200 et. seq.). Monthly co-payments will be made directly to Treasurer, Prince Edward County, PO Box 382, Farmville, VA 23901. The undersigned parent/guardian hereby verifies that all the information contained in this form and the Co-Payment Screening Form is accurate and complete. Furthermore, the undersigned understands the co-payment determination, and agreement to pay the co-payment each month services are rendered.

Parent/Guardian Signature _____

_____ Date

Parent/Guardian Signature _____

_____ Date

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