

## BIRTH TO 3 PROGRAM PARENTAL COST SHARE

### Parent Statement of Income

**Use of form:** This form is voluntary. Without this information, the Birth to 3 Program cannot calculate a parent(s) cost share and parent(s) will be held liable for the maximum cost share. Personally identifiable information on this form is collected to determine the parental cost share and will be used only for this purpose.

#### I. Family Information

Name - Child (Last, First, MI)	Birthdate - Child (mm/dd/yyyy)
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Address - Family (Street, City, State, Zip Code)		
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Family Size	Number of Children Who Currently Participate in Birth to 3 Program	Number of Children in Family Under Age 19 Who Have a Disability
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#### II. Program Information

<b>Yes</b>	<b>No</b>	Does your child receive Medical Assistance through the Katie Beckett Program or Special Needs Adoption Subsidy? If your child receives this service, your family may have a cost share. Proceed to Section III, Financial Information.
<input type="checkbox"/>	<input type="checkbox"/>	

Check the programs or services your child / family is eligible for or currently receives.

<input type="checkbox"/> FoodShare	<input type="checkbox"/> Foster care	<input type="checkbox"/> CCOP
<input type="checkbox"/> W-2	<input type="checkbox"/> Kinship Care	
<input type="checkbox"/> Free or reduced lunch (if income based)	<input type="checkbox"/> WIC (without Katie Beckett MA)	
<input type="checkbox"/> SSI	<input type="checkbox"/> CLTS	

**If you checked any of the programs above, you do not have a cost share. Please sign in Section IV. Parent Statement below.**

#### III. Financial Information

Your Annual Income\* \$ \_\_\_\_\_

\* Annual income is the total income of the legally responsible parent(s) as reported on the parent(s) most recent federal individual tax return.

#### IV. Parent Statement

I understand that I am responsible for the cost share for services provided. If the cost share represents a financial difficulty, I can contact my Service Coordinator for a reevaluation at any time. To the best of my knowledge, the above information is an accurate statement of my current income and family status.

SIGNATURE - Parent (REQUIRED)	Today's Date (mm/dd/yyyy)
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SIGNATURE - Parent (REQUIRED)	Today's Date (mm/dd/yyyy)
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Parental cost share \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Payment/per month  
(mm/yyyy) (mm/yyyy)

#### V. Non-Disclosure Statement (OPTIONAL)

I have chosen not to release my financial information and agree to pay the maximum cost share of \$1,800 annually or \$150 per month.

SIGNATURE - Parent (REQUIRED)	Today's Date (mm/dd/yyyy)
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