



Parental Co-Payment Screening Form

CSA Client: _____

Screening Date: _____

CSA Number: _____

Parent/Legal Guardian: _____

Parent/Legal Guardian: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____

Phone: _____

Social Security #: _____

Social Security #: _____

Income: \$ _____

Income: \$ _____

Source: W-2 Pay-Stub Other

Source: W-2 Pay-Stub Other

Employer: _____

Employer: _____

Please list all household members

Name	Age	Relationship

Other Income

	Y	N	Amount
Do you receive child support for the child receiving services?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Do you receive SSA benefits for you or your spouse?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Does the child receiving services receive SSA benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Does the child receiving services receive Supplemental Security Income (SSI)?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Do you receive income through subsidy?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Do you receive insurance payments as income?	<input type="checkbox"/>	<input type="checkbox"/>	\$

Total Household Income \$ _____

Collection Agreement

I/We, the undersigned, do hereby agree to honor the terms of this parental co-payment agreement. I/We agree to report any changes in income, family size or treatment expenses to the CSA Office. I/We understand that within 30 days of notification of my/our assessed co-payment, I/we may request a reduction or waiver of the co-payment. All requests must be submitted in writing to the CSA office with accompanying evidence of hardship. If the parental co-pay is not paid, there will be additional collection fees and interest charges added to the account and York/Poquoson Social Services will take any necessary actions in order to collect the debt.

Parent/Legal Guardian Signature	Date	Parent/Legal Guardian Signature	Date
Name of CSA Screener	Agency	Signature of CSA Screener	Date

CSA office use only

<input type="checkbox"/> Fee Assessed \$ _____ /month	<input type="checkbox"/> Fee reduced \$ _____ /month
<input type="checkbox"/> Fee waived, under income	<input type="checkbox"/> No co-pay, IEP
<input type="checkbox"/> Fee waived for expenses	<input type="checkbox"/> No co-pay, support enforcement referral

COUNTY OF YORK - CITY OF POQUOSON
 DEPARTMENT OF SOCIAL SERVICES

