



FIRST STEPS COST PARTICIPATION CO-PAYMENT

State Form 51361 (R3 / 10-13)

Division of Disability and Rehabilitative Services



Effective May 01, 2006.

The information contained in this form is to be generated by the SPOE computer. This form may be used as a worksheet or in the event the SPOE computer is unable to generate the electronic version prior to the IFSP meeting.

Name of child	Date of birth (month, day, year)	First Steps identification number
Name of parent / guardian		

Determination of adjusted income shall be made once the Intake / SC and parent review both the annual income and potential deductions.

Annual Gross Income (as documented on the Cost Part conversion & verification form) \$ _____

Deductions (if completed total deductions as documented on the conversion financial deduction worksheet) \$ _____

Adjusted Income (Annual Gross Income minus any deductions) \$ _____

SPOE USE ONLY - FEE FOR SERVICE OPTION

Based on income and expense information supplied by the parents and as documented on Cost Participation conversion and verification form and financial deduction worksheet, the following cost participation amounts have been determined:

\$ _____ Co-payment / cost per fifteen (15) minutes of service

\$ _____ Family maximum monthly cost share

_____ Percent of poverty

FULL FEE OPTION

I have chosen not to release my financial information, and therefore, will be billed a maximum of \$25 per fifteen (15) minutes of service up to \$1,600 monthly, which is the maximum cost per service and monthly cost share amount per family. Yes No

Signature of parent / guardian	Date (month, day, year)
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The family has chosen to fulfill their financial obligation for cost participation of First Steps services in the following manner (check one):

Fee for service as listed above Full Fee option

I have supplied accurate information to the System Point of Entry (SPOE) for the calculation of my family's income and agree with the calculation as generated and noted above. I am responsible to meet my financial obligations to the First Steps Program through payment of my required family cost share (co-pay) as detailed on this form and access to my public or private insurance. Payment of my cost share is due within thirty (30) days of the statement date, and payment will not be delayed while waiting for payment from public and/or private insurance. If my account is sixty (60) days or more past due, services that are co-pay eligible may be suspended until payment is made to bring my account current. If I have difficulty paying my bill, or would like further consideration of deductions or income, I may provide documentation of approved expenditures and/or income to my Service Coordinator. My Service Coordinator will review my request within thirty (30) days.

Signature of parent / guardian	Date (month, day, year)
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I have informed the parent regarding their rights and responsibilities related to cost participation and have utilized all information provided to me by the family in the estimate of their co-payment.

Signature of intake / ongoing service coordinator	Date (month, day, year)
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DISTRIBUTION: Original - SPOE, Copy - Service Coordinator and family