

## Parental Copayment Agreement

Hanover CSA

*Hanover Children's Services Act*

12304 Washington Hwy Ashland, VA 23005 | (804) 365-4143 | (804) 365-4110 (f) | [csa@hanovercounty.gov](mailto:csa@hanovercounty.gov)

Dear parent/guardian name,

Thank you for your interest in Hanover CSA. We look forward to working together with you and your family. As a part of the CSA program, we expect that families will take an active part in their child's treatment and the CSA process. This includes ongoing communication with your assigned case manager, participation in services and FAPT meetings, and a financial contribution towards the services provided.

Hanover CSA bills participating families on a monthly basis. Hanover CSA uses the sliding scale table below to determine the monthly assessment amount. This scale uses the family's annual gross income and the child's placement. As a reminder, gross income is the amount received before taxes and deductions are withheld.

Family's Annual Gross Income	Monthly Rate For Community Based Services	Monthly Rate For Residential Placement Services
\$ 0 - \$ 20,000	= 0	= 0
\$20,001- \$ 30,000	= \$ 25	= \$ 50
\$30,001- \$ 50,000	= \$ 50	= \$ 100
\$50,001- \$ 70,000	= \$ 75	= \$ 150
\$70,001- \$100,000	= \$ 100	= \$ 200
\$100,001 - \$150,000	= \$ 150	= \$ 300
\$150,001 - \$200,000	= \$ 200	= \$ 400
\$200,001 +	= \$ 300	= \$ 600

The copayment amount will be effective on the earlier of the first FAPT date, or the authorized service start date. Monthly invoices will be pro-rated to reflect the dates and types of services when initiating services and transitioning between levels of care only, as applicable. Additionally, please note that the parental copayment amount shall not exceed the cost of services rendered.

We appreciate your cooperation in completing the information below and providing related financial support, as applicable. Hanover CSA will review the related information, determine the monthly assessment amount, and will send you a follow-up letter outlining the amount and instructions for monthly payment. Please reach out to the CSA Coordinator with any questions.

**Please include proof of income, like pay stubs, with the submission of this form.**

**CHILD'S NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Address: \_\_\_\_\_

Person with whom child resides: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ type \_\_\_\_\_ E-mail: \_\_\_\_\_

Other legal parent, if applicable: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ type \_\_\_\_\_ E-mail: \_\_\_\_\_

Address, if different than child: \_\_\_\_\_

\*If parents are divorced/separated, does the custodial parent receive child support? Yes No

