City of Winchester CSA
Co-Payment Screening Form

CSA Office Use Only:
*☐ Exclusion/Waiver Ineligible
*☐ Fee Waived:
- ☐ Home Energy Asst. Program
- ☐ SNAP
- ☐ TANF
- ☐ SSI Disability Only Income
- ☐ Free and Reduced Lunch
- ☐ Housing Choice Voucher Program

*☐ No Copay:
- ☐ IEP
- ☐ DCSE

Eligible for Co-Payment Assessment: ☐ Yes ☐ No

Assessed Co-Payment Amount: $_____

Child's Name: _____

Screening Date: _____

Caregiver #1: _____

Employment Status: _____

Employer: _____

Income Sources: _____

Gross Monthly Income: _____

Verification Source:
☐ W-2 ☐ Paystub ☐ Other: _____

Household Size: _____

Caregiver #2: _____

Employment Status: _____

Employer: _____

Income Sources: _____

Gross Total Monthly Income: _____

Verification Source:
☐ W-2 ☐ Paystub ☐ Other: _____

Household Size: _____

Does the household qualify/receive any of the following? *(Check all applicable boxes)*
- ☐ Home Energy Assistance Program
- ☐ SNAP
- ☐ TANF
- ☐ SSI Disability Only Income
- ☐ Free and Reduced Lunch
- ☐ Housing Choice Voucher Program

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. If the level of service changes, the co-payment amount will be reassessed based on the new level of services. I/we understand that I am expected to pay the assessed copayment amount to the service provider. If the parental co-payment is not paid, services may be terminated and any action necessary to collect the debt will be determined by the service provider. In this case, the CSA Office will be notified of overdue payment and any action determined appropriate by the service provider.

_____
Parent/Guardian #1 Signature Date

_____
Parent/Guardian #2 Signature Date

_____
Case manager Date