

Child Name _____ DOB ____ / ____ / ____ HOH _____

Attachment A
Missouri First Steps
Denial of Access to Financial Information

Pursuant to state law and state regulation, a First Steps family must provide requested family/household financial information/documentation in order to calculate an appropriate family cost participation monthly fee. Family's who fail to provide necessary documentation to the State/SPOE/service coordinator in order that the correct monthly fee can be calculated will be placed on the Monthly Fee Schedule at the highest monthly fee rate allowed by state statute. (\$100 per Month).

1. The undersigned does not wish to provide requested financial information/documentation to the First Steps system for personal reasons.
2. The undersigned is fully aware of the ramifications of denying the First Steps system access to my family/household financial information/documentation.
3. The undersigned understands that financial information/documentation may be provided to the service coordinator at any time subsequent to the date of this document and the appropriate monthly fee will be calculated.
4. The undersigned is aware that failure to provide requested financial information/documentation will result in one of three actions for my family:
Action 1: My family will be placed on the family cost participation Monthly Fee Schedule at the highest monthly fee rate allowed by state statute. (\$100 per month), or
Action 2: My family elects to participate in Missouri First Steps utilizing only evaluation and service coordination services (provided at no cost to the family, or
Action 3: My family elects to not participate in the Missouri First Steps System at this time.

Family Head-of-Household	Date	Action Selected
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Service Coordinator	Date	SPOE Region
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I hereby request the service coordinator to evaluate my family/household financial documents as I now am willing to provide in order that an appropriate family cost participation monthly fee can be calculated for my family/household. I understand that changes to the monthly fee amount will not be back dated but will take effect in the next billing cycle.

Family Head-of-Household	Date
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Service Coordinator	Date	SPOE Region
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Distribution: Original Child file Copy: to Family