

**Family Cost Participation Information**



Name:

Date of Birth:

Date:

Dear \_\_\_\_\_,

At our last meeting on \_\_\_\_\_, we discussed the Family Cost Participation monthly fee for  
(Date)  
First Steps services. In order to calculate your monthly fee, I need documentation of the following information immediately:

- Household size and Income Documentation (form enclosed)
- Medicaid documentation (form enclosed)
- Private Insurance documentation (form enclosed)

I must have the required information by \_\_\_\_\_. Otherwise, the monthly fee is set at the  
(Date)  
maximum amount allowed of \$100 a month.

Your information can be sent to me at: \_\_\_\_\_ or  
(Email)  
\_\_\_\_\_  
(Address)

If you have difficulty getting the information to me, please call \_\_\_\_\_ and I will be  
(Phone Number)  
happy to assist you.

Please do not hesitate to contact me if you have any questions or need assistance.

Sincerely,

Service Coordinator

Enclosure: System of Payments Policy  
Family Cost Participation Fee Schedule