

FAMILY COST PARTICIPATION INFORMATION

[Insert Primary Contact Name]
[Insert Primary Contact Address]
[Insert Primary Contact City, State, Zip]

RE: ***[Insert Child's name]***
DOB: ***[Insert Child's DOB]***

DATE: ***[Insert Today's Date]***



Dear ***[Insert Primary Contact First Name]***,

At our last meeting on <<DATE>>, we discussed the Family Cost Participation monthly fee for 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 «DATE IN FUTURE». Otherwise, the monthly fee is set at the maximum amount allowed of \$100 a month.

Your information can be sent to me at **[INSERT SC email]** or **[Insert SPOE address]**.

If you have difficulty getting the information to me, please call <<SC PHONE NUMBER>> and I will be happy to assist you.

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

Sincerely,

[INSERT SC NAME]
Service Coordinator

Enclosure: System of Payments Policy
Family Cost Participation Fee Schedule