



**FINANCIAL INFORMATION FOR FAMILY COST PARTICIPATION**

NAME OF CHILD	DATE OF BIRTH	HEAD OF HOUSEHOLD	DATE COMPLETED
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**INSTRUCTIONS**

Financial information is required to determine if the family will pay a monthly fee to participate in First Steps. The monthly fee is based on a sliding scale that considers the number of people in the household and the adjusted gross income for the family. For families assessed a fee, the minimum fee is \$5 and the maximum fee is \$100 per month.

Financial information is collected at the Initial and Annual Individualized Family Service Plan (IFSP) meetings and any time the household size or income changes. A copy of the **First Steps System of Payments** policy is provided to the parent before financial information is collected.

The parent must select one of the three options below. The parent must sign and date this form and return it to the Service Coordinator before the monthly fee can be determined. The Service Coordinator contact information is included below.

**CONFIRMATION**

After a review of the **First Steps System of Payments** policy, I choose the following option:

**Option 1:** I confirm my child has MO HealthNet/Medicaid, my family receives Supplemental Security Income (SSI), Food Stamps, or the child is in foster care.

**Option 2:** I confirm the household and income information is accurate as of the signature date.

- **Household Size** (i.e., Number in household ): \_\_\_\_\_
- **Income Information** (either A or B is required)

**A. Federal Tax Return**

Filing Status:  Single     Married filing jointly     Head of household  
 Married filing separately (complete two forms)

Adjusted Gross Income from Federal Tax Return: \$ \_\_\_\_\_

**B. Other Income From Paycheck Stubs, Etc.**

Estimated Annual Income from Other Income: \$ \_\_\_\_\_

**Option 3:** I decline to provide financial information. I understand this will result in the maximum monthly fee of \$100.

**SIGNATURE**

PARENT SIGNATURE	DATE OF PARENT SIGNATURE
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PRINTED NAME OF PARENT

**SERVICE COORDINATOR**

SERVICE COORDINATOR NAME AND ADDRESS	SERVICE COORDINATOR PHONE NUMBER
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SIGNATURE OF AGENCY REPRESENTATIVE	DATE RECEIVED BY AGENCY
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A copy of the First Steps System of Payments policy is enclosed with this form.

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