

Parental Co-Pay Responsibility Agreement

Today's Date: _____ **Child's Name:** _____
FAPT Date and Time: _____ **Mother's Name:** _____
CSA Case Manager's Name: _____ **Father's Name:** _____

We have requested services for our child and family through the Clarke County Family Assessment and Planning Team (FAPT). These services are described on the FAPT Individual Family Service Plan that we have signed or will sign at the FAPT meeting. We agree that these services are necessary, and that their success, and therefore the ultimate success of our child, will require our continuing and consistent involvement. We therefore agree to contribute to the investment in our child's treatment in the following manner:

1. Attend and participate in all FAPT meetings.
2. Participate with the service provider in the development of a treatment plan and follow through with our responsibilities as outlined in the treatment plan.
3. Communicate on a regular, ongoing basis with our child's case manager.
4. Provide information needed to determine and maintain eligibility for Medicaid. Also, immediately notify the case manager of any mailings received from these programs.
5. We agree that the total number of people living in our household is _____ and our monthly gross household income is \$_____.
6. We agree to make a financial contribution of \$_____ toward the cost of each month of our CSA-funded service(s) to be paid to the provider(s) listed below. (This is the amount indicated on the Household Income Determination Worksheet.)
7. Other: _____

If we have any questions we know we can contact our case manager at the number below.

Parent Signature	date	Parent Social Security Number
Parent Signature	date	Parent Social Security Number
Parent Billing Address	Parent Telephone Number	
Case Manager Signature	date	Case Manager Phone Number

List the service(s) and estimated costs below. Original of this form must be returned to the CSA Office; COPY MUST BE PROVIDED TO PARENT.

Service _____	\$ _____
Service _____	\$ _____
Estimated Total Cost per Month	