## City of Winchester CSA Copayment Screening Form

Child's Name:	☐ SNAP ☐ DCSE ☐ TANF ☐ SSI Disability Only Income ☐ Housing Choice Voucher Program
Screening Date:	Eligible for Co-Payment Assessment: Yes/No Assessed Co-payment Amount: \$
Caregiver #1:	
Employment Status:	_ Employment Status:
Employer:	Employer:
Income Sources:	Income Sources:
Gross Monthly Income:	_ Gross Total Monthly Income:
Verification Source:  □ W-2 □ Paystub □ Other:	Verification Source:  □ W-2 □ Paystub □ Other:
Household Size:	Household Size:
Does the household qualify/receive any of the following Home Energy Assistance Program ☐ SNAP ☐ TANF ☐ SSI Disability Only Income ☐ Housing Choice Voucher Program	owing? (Check all applicable boxes)
I/we, the undersigned, do hereby agree to honor the terms of this parental co-payment agreement. I/we agree to report any changes in income, family size or treatment expenses to the CSA Office. If the level of service changes, the co-payment amount will be reassessed based on the new level of services. I/we understand that I am expected to pay the assessed copayment amount to Winchester Social Services, Children's Services Act Program, 24 Baker Street, Winchester, VA, 22601. If the parental co-payment is not paid, services may be terminated and action necessary to collect the debt will be taken.  Parent/Guardian #1 Signature Date Parent/Guardian #2 Signature Date	
Turent Guardian // Forgrande Da	Turent Guardian #2 Dignature Date
Case manager Dat	<del>e</del>

CSA Office Use Only:

\*□ Fee Waived:

\*☐ Exclusion/Waiver Ineligible

☐ Home Energy Asst Program ☐ IEP

\*□ No Copay: