

**Winchester CSA  
Parental Copayment Collection Agreement**

Child:

Date of Copayment Assessment:

Worker:

In order to maximize the resources of the community the Children's Services Act Program, in accordance with the Code of Virginia §2.2-5206, requires parents and legal guardians to contribute financially to the services provided, according to their ability.

I/we, the undersigned, do hereby agree to honor the terms of this parental copayment collection 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 copayment is not paid, services may be terminated and any action necessary to collect the debt will be determined the City of Winchester and/or the Office of Children's Services.

Assessed monthly copayment amount: \$

\_\_\_\_\_  
Parent/Guardian #1 Signature                      Date

\_\_\_\_\_  
Parent/Guardian #2 Signature                      Date

\_\_\_\_\_  
CSA Screener