

FAMILY FINANCIAL STATEMENT
DS 1235 (Rev. 8/2010)

THE INFORMATION ON THIS STATEMENT WILL BE CONFIDENTIAL

PLEASE READ BEFORE COMPLETING THIS STATEMENT— Sections 4677 and 4782 of the Welfare and Institutions Code require parents of children under 18 years of age to pay a parental fee **based on their ability to pay**. Information provided will help this Department determine your ability to pay and assess the proper level of payment. Parental fees will be deposited into the Program Development Fund and used to provide new programs for persons with developmental disabilities.

| | | |
|---|------------------------|---------------------------------------|
| <input type="checkbox"/> INITIAL DETERMINATION <input type="checkbox"/> REDETERMINATION | | Date |
| Regional Center | Regional Center Number | Unique Client Identifier (UCI) Number |
| Client's Name | Birth Date | Social Security Number |
| Name and Telephone Number of Placement Facility | | Date Placed |

| YOUR PERSONAL DATA | (circle one) *DOMESTIC | | (circle one) *DOMESTIC | |
|------------------------------------|---------------------------------|------------|---------------------------------|------------|
| | FATHER or STEPFATHER or PARTNER | | MOTHER or STEPMOTHER or PARTNER | |
| Name (First, Middle Initial, Last) | | | | |
| Social Security Number | | | | |
| Date of Birth | | | | |
| Place of Birth | (City/State) | (Zip Code) | (City/State) | (Zip Code) |
| Military Service (if applicable) | (Branch) | | (Branch) | |
| Serial Number | | | | |
| Dates of Service | | | | |

| YOUR HOME ADDRESS | (If parents live at same address — enter under father's name) | | | |
|----------------------------|---|------------|--------------------|------------|
| Street Address or P.O. Box | | | | |
| City | | | | |
| State and Zip Code | | (Zip Code) | | (Zip Code) |
| Home Phone | (Area Code) () | | (Area Code) () | |

| YOUR JOB | Check box if applicable: | | Check box if applicable: | |
|----------------------------|-------------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Deceased | <input type="checkbox"/> Disabled | <input type="checkbox"/> Retired |
| Position or Occupation | | | | |
| Employer or Firm Name | | | | |
| Street Address or P.O. Box | | | | |
| City | | | | |
| State and Zip Code | | (Zip Code) | | (Zip Code) |
| Business Phone | (Area Code) () | | (Area Code) () | |

| GRANDPARENT'S DATA | | | | |
|----------------------------|--------------------|------------|--------------------|------------|
| Street Address or P.O. Box | | | | |
| City | | | | |
| State and Zip Code | | (Zip Code) | | (Zip Code) |
| Home Phone | (Area Code) () | | (Area Code) () | |

PLEASE COMPLETE REVERSE SIDE BEFORE RETURNING STATEMENT TO THE DEPARTMENT OF DEVELOPMENTAL SERVICES

* Family Code Sections 297-297.5 states " A Domestic Partnership shall be established in California when both persons file a Declaration of Domestic Partnership with the Secretary of State pursuant to this Division."

Please report **GROSS** Income. Gross Income means your actual income before **any** deductions.

| YOUR FAMILY INCOME | FATHER/STEPFATHER/PARTNER | | MOTHER/STEPMOTHER/PARTNER | | CLIENT | |
|--|----------------------------------|--|----------------------------------|--|--------------------------|--|
| Report Gross Income by Source | Monthly or Annual | | Monthly or Annual | | Monthly or Annual | |
| 1. Salary or Wages | | | | | | |
| 2. Self-Employed Income* | | | | | | |
| 3. Net Income from Rental/Property* | | | | | | |
| 4. Dividends and Interest | | | | | | |
| 5. Retirement Income | | | | | | |
| 6. Social Security Payee_____ | | | | | | |
| 7. VA Benefits/Compensation Payee_____ | | | | | | |
| 8. Child Support Payments Child's Name_____ Payee_____ | | | | | | |
| 9. Disability or Unemployment (circle one) Income/Public Aid—AFDC | | | | | | |
| 10. Other Income Describe_____ | | | | | | |
| 11. TOTAL GROSS INCOME | | | | | | |

* If any or all of your Gross Annual Family Income is from self-employment or rental property, please attach copy of the last U.S. Individual Income Tax Return (Form 1040) and all schedules and attachments filed with the Internal Revenue Service.

ANNUAL AMOUNTS


- 12. CLIENT'S MEDICAL EXPENSE: \$ _____
- 13. CLIENT'S PORTION OF HEALTH/DENTAL INSURANCE POLICY PREMIUM — Do not include Life Insurance premiums: \$ _____
- 14. CLIENT'S CLOTHING EXPENSE: \$ _____
- 15. CLIENT'S PERSONAL NEEDS AND INCIDENTALS — Annual amounts paid from gross family income for personal needs and incidentals for the child with developmental disabilities: \$ _____
- 16. CLIENT'S RECREATION AND ENTERTAINMENT—Annual amount paid from gross family income for recreation and entertainment for the client: \$ _____
- 17. TRANSPORTATION EXPENSE — Reasonable transportation expenses incurred by parents to visit a child with developmental disabilities. Mileage will be calculated using the current IRS medical mileage allowance. Actual costs for bus or air fare will be allowed with receipts.

TOTAL MILEAGE CLAIMED _____ \$ _____
- 18. MAJOR UNUSUAL EXPENSE — Must be documented and approved by the Department of Developmental Services. Examples: natural disaster, catastrophic uninsured loss, extreme medical expense, etc.: \$ _____
- 19. CHILD SUPPORT OR ALIMONY PAID — A copy of the final divorce decree showing the amount of alimony or child support **must** be provided: \$ _____

NUMBER OF FAMILY MEMBERS DEPENDENT ON TOTAL GROSS INCOME — Include the client:

I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.

 _____
Father or Stepfather's or Domestic Partner Signature Date

 _____
Mother or Stepmother's or Domestic Partner Signature Date