

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 340, MS 3-24
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-2716



August 22, 2011

TO: REGIONAL CENTER EXECUTIVE DIRECTORS
REGIONAL CENTER ADMINISTRATORS

SUBJECT: ANNUAL FAMILY PROGRAM FEE IMPLEMENTATION

This program advisory transmits to regional centers the implementation requirements for the Annual Family Program Fee, which became effective July 1, 2011. The Department is working with regional centers to establish an integrated tracking solution for the exchange of information associated with this program.

In the interim, regional centers should implement the process and maintain information locally. Department staff will transmit an excel file monthly to each regional center displaying fees collected during the month. Forms necessary for the program implementation will be available in English and Spanish on the Department website www.dds.ca.gov. Department staff will provide Spanish versions as soon as they are available.

If you have any questions regarding this new program, please contact Dean Shellenberger at (916) 654-3355.

Sincerely,

Original signed by

KARYN MEYRELES
Deputy Director
Administration Division

Enclosures

cc: Robert Baldo, Executive Director, ARCA
Rita Walker, Deputy Director, DDS
Julia Mullen, Deputy Director, DDS
Beverly Humphrey, Deputy Director, DDS

"Building Partnerships, Supporting Choices"

Annual Family Program Fee

Effective July 1, 2011

**Department of Developmental Services
Client Financial Services
1600 9th Street, Sacramento, CA 95814
Dean Shellenberger – 916-654-3355**

Annual Family Program Fee Procedures

I. Overview

This document provides policies and procedures for the Annual Family Program Fee (AFPF) to be assessed to families of children between the ages of 0-17 receiving qualifying services through a regional center. This program became effective July 1, 2011 as required by Welfare & Institutions Code (WIC) Section 4785. This code reads in part:

(a) (1) Effective July 1, 2011, a regional center shall assess an annual family program fee, as described in subdivision (b), from parents whose adjusted gross family income is at or above 400 percent of the federal poverty level based upon family size and who have a child to whom all of the following apply:

(A) The child has a developmental disability or is eligible for services under the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code).

(B) The child is less than 18 years of age.

(C) The child lives with his or her parent.

(D) The child or family receives services beyond eligibility determination, needs assessment, and service coordination.

(E) The child does not receive services through the Medi-Cal program.

(2) An AFPF fee shall not be assessed or collected pursuant to this section if the child receives only respite, day care, or camping services from the regional center, and a cost for participation is assessed to the parents under the Family Cost Participation Program.

Additional language within this section requires that a single AFPF be assessed per family, regardless of the number of children in the family with developmental disabilities or who are eligible for service under the California Early Intervention Service Act.

A copy of the full text of this statute (appendix A) and a chart of key elements of the fee assessment process (appendix B) is attached.

Services shall not be delayed or denied for a consumer or child based upon the lack of payment of the AFPF.

II. Required Program Components for Regional Centers

A. Regional center shall, at the time of intake or at the time of development, scheduled review, or modification of a consumer's Individual Program Plan (IPP) or Individualized Family Services Plan (IFSP), but no later than June 30, 2012, initially assess the \$200 AFPP when all of the criteria in WIC Section 4785(a)(1)(A)-(E) is met. Regional center shall provide parents a remittance form (appendix C, DDS form DS6010) and an envelope for the mailing of the \$200 AFPP to the Department of Developmental Services (Department or DDS). The remittance form will be available for downloading from the DDS website by the regional centers. The form is designed to fit in a standard business size window envelope to be provided to the family. The envelope should have a blank return address for the family to complete before mailing their AFPP to the Department. The regional center must fill in the shaded areas of the form and include the names of the children in the family currently being served by a regional center and their unique client identifiers (UCI). This is a two sided form and must be printed duplex.

B. To comply with requirements contained in WIC Section 4785 (e), which provides for collection by DDS after regional center has exhausted its efforts, regional centers shall complete the AFPP registration form (appendix D, DDS form DS6009) with parents at the time of the consumer's IPP or IFSP.

C. Upon request from the parents, regional centers shall review, and when applicable, adjust the family's fee assessment if it is demonstrated that the adjusted gross family income is less than 800 percent of the federal poverty level (FPL). Families shall provide the regional center with records to show their total adjusted gross family income as defined in WIC Section 4785 (j) (1). See appendix E for the 2011 FPLs that must be used to determine the fee. If the parents' income is determined to be below 800 percent of the current year FPL, the regional center shall adjust the annual family fee to \$150.00. If the parents' adjusted gross family income is below 400 percent of the current year FPL, the family shall not be assessed the AFPP. In accordance with Section 4785 (j) (1) & (2) the regional center's review of the parent's income information shall consider the following:

- The total adjusted gross family income shall be determined by adding the gross income of both parents, regardless of whether they are divorced or legally separated, unless a court order directs otherwise, or unless the custodial parent certifies in writing that the income information from the noncustodial parent cannot be obtained from the noncustodial parent and in this circumstance only the income of the custodial parent shall be used to determine the AFPP.

- Total adjusted gross family income means income acquired, earned, or received by parents as payment for labor or services, support, gift or inheritance, or parents' return on investments. It also includes the community property interest of a parent in the gross adjusted income of a stepparent. This is accomplished by including 50 percent of the stepparents' adjusted gross income in the calculation of the natural parents' incomes.
- "Parent(s)", for the purpose of assessment of a fee, means the parents, whether natural, adoptive, or both, of a child with developmental disability under 18 years of age.

The regional center shall track and record each fee assessment and adjustment made pursuant to this section for the purpose of reporting to the Department.

In any instance in which the family disagrees with the fee amount assessed by the regional center, appropriate notification must be given pursuant to Government Code Section 95007 or WIC Section 4700 et seq. Regional center shall suspend fee assessment efforts if a fair hearing is requested by parents. Pending outcome of the hearing, fee assessment may be resumed. Regional centers shall provide the Department with notification when a parent has requested a fair hearing after the account has been referred to DDS for collection. The regional center shall also provide the Department with the result of the hearing once the outcome is known.

D. Under WIC Section 4785 subdivision (f), the regional center may grant an exemption to the assessment of an annual family program fee if the parents demonstrate any of the following:

- That the exemption is necessary to maintain the child in the family home.
- The existence of an extraordinary event that impacts the parents' ability to pay the fee or the parents' ability to meet the care and supervision needs of the child.
- The existence of a catastrophic loss that temporarily limits the ability of the parents to pay and creates a direct economic impact on the family. For purposes of this paragraph, catastrophic loss may include, but is not limited to, natural disasters, accidents involving, or major injuries to, an immediate family member, and extraordinary medical expenses.

In any instance in which the regional center denies a family's request for an exemption, appropriate notification must be given pursuant to Government Code Section 95007 or WIC Section 4700 et. seq. Regional center shall suspend fee assessment efforts if a fair hearing is requested by parents. Pending outcome of the hearing, fee assessment may be resumed. Regional center shall provide the Department with notification if a parent has requested a fair hearing after the account has been referred to DDS for collection. The regional center shall also provide the Department with the result of the hearing once the outcome is known.

The regional center shall track and record each exemption granted or denied pursuant to this section for the purpose of reporting to the Department.

E. The Department shall report to each regional center monthly the AFPF payments, by family, that have been received by the department. The regional center shall, within 30 days after receipt of the Department's payment report:

- Identify those parents whose assessment date is greater than 30 days from the date of the report and determine if the AFPF has been collected.
- Provide a second written notification (appendix G, DS6011) to the parents from whom payment has not been received and to whom a second notice has not already been sent. This is a two-sided form and must be printed in duplex. The date of this second written notice should be recorded for purpose of collection.
- Identify those parents whose second written notice date is greater than 30 days from the date of the report for notification to DDS.

Regional centers shall notify the Department of any family fee account that remains unpaid no later than 60 days from the date of the regional center's second written notification to the parents. Notification to the Department of any unpaid account shall include a copy of the completed AFPF Registration form (appendix D, DS6009). The Registration form will indicate the fee amount that is being referred to DDS for collection.

F. If, after the account has been referred to DDS, a parent files for a fair hearing or the regional center reduces the amount of the original referral to \$150 or \$0, the regional center will promptly notify DDS. Notification is to be a copy of the original AFPF registration form that clearly identifies either a change in the amount of the fee as revised by the regional center, or notice that the family has filed for a Fair Hearing and collection is to be suspended pending the outcome of the hearing. If collection is suspended due to the filing for a fair hearing, the regional center shall also provide the Department with the result of the hearing once the outcome is known.

G. Annually, on the anniversary of initial fee assessment, the regional center shall re-determine parents' eligibility for participation in the AFPF, assess the appropriate fee based on family size and income for the current year, and provide the family with a remittance form indicating the new fee and an envelope.

SUMMARY

REGIONAL CENTER RESPONSIBILITIES

- Regional centers shall respond to questions or disputes from families regarding fee eligibility and assessment.
- The AFPP shall be initially assessed by a regional center at the time of the development, scheduled review, or modification of the IPP or IFSP, but no later than June 30, 2012, and annually thereafter.
- Regional centers shall assess an AFPP in the amount of \$200 to parents of a child to whom the eligibility criteria apply. The fee amount can be reduced to \$150 when the parents demonstrate an adjusted gross income of less than 800% of the FPL based on their family size; or reduced to \$0 when the parents demonstrate an adjusted gross income of less than 400% FPL.
- Regional centers shall provide a remittance form (DS6010) and a standard business size window envelope with a blank return address for the family to complete when mailing their AFPP to the Department. The DS6010 form can be completed on line and then printed, or can be printed and then completed by hand. In either case, the form must be printed duplex (two sided) so that all of the information that is needed by DDS is included on the portion of the remittance form that is returned by the family with their payment.
- Regional centers shall provide a written notification (DS6011) to parents from whom payment has not been received. Regional centers shall notify the Department if a family receiving notification has failed to pay its AFPP based upon the subsequent (second) notice. The DS6011 form can also be completed on line, or printed and then completed. This form also must be printed duplex (two sided).
- Regional centers may grant an exemption to the assessment of an AFPP if the parents demonstrate a hardship as described in WIC Section 4785.
- Regional centers will promptly advise DDS when, after referring a family to DDS for collection, the family files for a fair hearing or the regional center adjusts the fee amount referred for collection. The regional center shall also provide the Department with the result of the hearing once the outcome is known.

- Regional centers services shall not be delayed or denied for a consumer or child based upon the last of payment of the AFPP.
- Regional centers shall track AFPP assessments, adjustments, and exemptions granted or denied.

DEPARTMENT OF DEVELOPMENTAL SERVICES RESPONSIBILITIES

- The Department shall provide the regional center with the payment form (DS6010), a second notice payment form (DS6011), and a program registration form (DS6009) in English and Spanish that the regional center can download from the DDS website for use in administering this program.
- The Department shall notify each regional center on a monthly basis of the AFPP collected.
- The Department will provide an annual update of the Federal Poverty Level when it becomes available, but not later than April 1st.
- Upon notification from the regional center, the Department shall pursue collection of the AFPP if the family has not paid after the second regional center notice.

Appendix A

**CALIFORNIA CODES
WELFARE AND INSTITUTIONS CODE
SECTION 4785
CHAPTER 37
STATUTE OF 2011**

4785. (a) (1) Effective July 1, 2011, a regional center shall assess an annual family program fee, as described in subdivision (b), from parents whose adjusted gross family income is at or above 400 percent of the federal poverty level based upon family size and who have a child to whom all of the following apply:

(A) The child has a developmental disability or is eligible for services under the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government **Code**).

(B) The child is less than 18 years of age.

(C) The child lives with his or her parent.

(D) The child or family receives services beyond eligibility determination, needs assessment, and service coordination.

(E) The child does not receive services through the Medi-Cal program.

(2) An annual family program fee shall not be assessed or collected pursuant to this section if the child receives only respite, day care, or camping services from the regional center, and a cost for participation is assessed to the parents under the Family Cost Participation Program.

(3) The annual family program fee shall be initially assessed by a regional center at the time of the development, scheduled review, or modification of the individual program plan (IPP) pursuant to Sections 4646 and 4646.5, or the individualized family services plan (IFSP) pursuant to Section 95020 of the Government **Code**, but no later than June 30, 2012, and annually thereafter.

(4) Application of this section to children zero through two years of age, inclusive, shall be contingent upon necessary approval by the United States Department of Education.

(b) (1) The annual family program fee for parents described in paragraph (1) of subdivision (a) shall be two hundred dollars (\$200) per family, regardless of the number of children in the family with developmental disabilities or who are eligible for services under the California Early Intervention Services Act.

(2) Notwithstanding paragraph (1), parents described in paragraph (1) of subdivision (a) who demonstrate to the regional center that their adjusted gross family income is less than 800 percent of the federal poverty level shall be required to pay an annual family program fee of one hundred fifty dollars (\$150) per family, regardless of the number of children in the family with developmental disabilities or who are eligible for services under the California Early Intervention Services Act.

(c) At the time of intake or at the time of development, scheduled review, or modification of a consumer's IPP or IFSP, but no later than June 30, 2012, the regional center shall provide to parents described in paragraph (1) of subdivision (a) a form and an envelope for the mailing of the annual family program fee to the department. The form, which shall include the name of the children in the family currently being served by a regional center and their unique client identifiers, shall be sent, with the family's annual program fee, to the department.

(d) The department shall notify each regional center at least quarterly of the annual family program fees collected.

(e) The regional center shall, within 30 days after notification from the department pursuant to subdivision (d), provide a written notification to the parents from whom the department has not received the annual family program fees. Regional centers shall notify the department if a family receiving notification pursuant to this section has failed to pay its annual family program fees based on the subsequent notice pursuant to subdivision (d). For these families, the department shall pursue collection pursuant to the Accounts Receivable Management Act (Chapter 4.3 (commencing with Section 16580) of Part 2 of Division 4 of Title 2 of the Government **Code**).

(f) A regional center may grant an exemption to the assessment of an annual family program fee if the parents demonstrate any of the following:

(1) That the exemption is necessary to maintain the child in the family home.

(2) The existence of an extraordinary event that impacts the parents' ability to pay the fee or the parents' ability to meet the care and supervision needs of the child.

(3) The existence of a catastrophic loss that temporarily limits the ability of the parents to pay and creates a direct economic impact on the family. For purposes of this paragraph, catastrophic loss may include, but is not limited to, natural disasters, accidents involving, or major injuries to, an immediate family member, and extraordinary medical expenses.

(g) Services shall not be delayed or denied for a consumer or child based upon the lack of payment of the annual family program fee.

(h) For purposes of this section, "parents" means the parents, whether natural, adoptive, or both, of a child with developmental disabilities under 18 years of age.

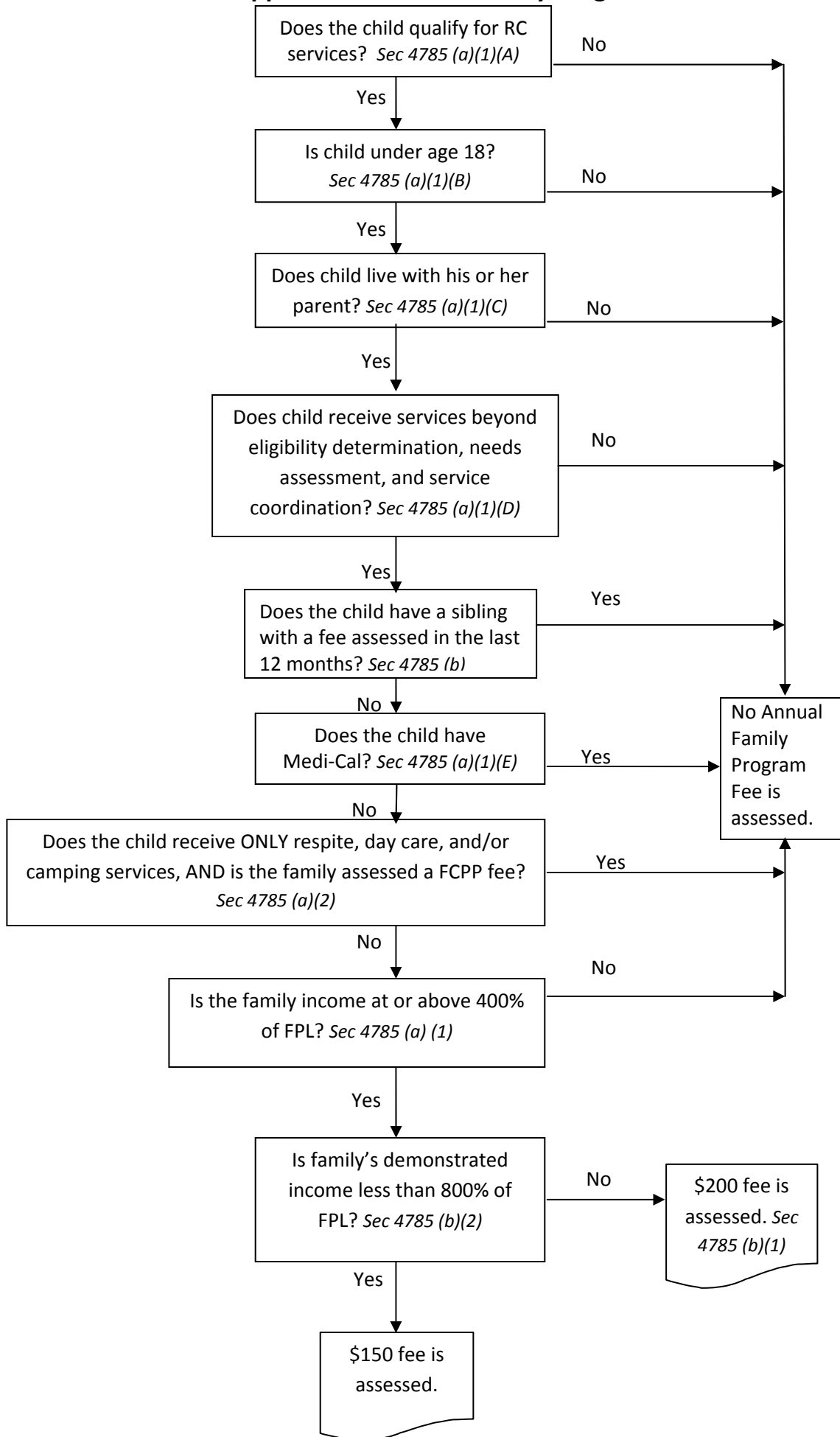
(i) Parents described in paragraph (1) of subdivision (a) shall be jointly and severally responsible for the annual family program fee, unless a court order directs otherwise.

(j) (1) "Total adjusted gross family income" means income acquired, earned, or received by parents as payment for labor or services, support, gift, or inheritance, or parents' return on investments. It also includes the community property interest of a parent in the gross adjusted income of a stepparent.

(2) The total adjusted gross family income shall be determined by adding the gross income of both parents, regardless of whether they are divorced or legally separated, unless a court order directs otherwise, or unless the custodial parent certifies in writing that income information from the noncustodial parent cannot be obtained from the noncustodial parent and in this circumstance only the income of the custodial parent shall be used to determine the annual family program fee.

(k) This section shall become inoperative on June 30, 2013, and as of January 1, 2014, is repealed, unless a later enacted statute, that becomes operative on or before June 30, 2013, deletes or extends the dates on which it becomes inoperative and is repealed.

Appendix B - Annual Family Program Fee Decision Tree



APPENDIX C

Consumer's Name	RC #	UCI #	Fee Assessment Date	Amount Paid

(Please provide information on the back for other siblings receiving regional center services.)

You have been assessed an Annual Family Program Fee of \$_____ for services provided to your child. This fee is authorized by state law (Welfare and Institutions Code Section 4785). One fee is assessed per family regardless of the number of children receiving services. It is a yearly fee. The annual income amount used to set your fee depends on your family size. Please refer to the chart on the reverse side of this form to determine your fee amount.

If you think you should get a lower fee, talk to your regional center about the documentation necessary for them to determine if you may qualify for a lower fee.

Welfare and Institutions Code Section 4710.5 provides parents with an opportunity to request a fair hearing if you disagree with your fee assessment. If you wish to have your fee assessment reviewed under this statute, you must complete a Fair Hearing Request form within 30 days of the assessment date. You may access this form through the regional center, or, through the department's website www.dds.ca.gov, form number DS1805.

Payment is due upon receipt of this notice. Please include the bottom of this form when you mail your check or money order, made out to "DDS – Annual Family Program Fee". So we can give you credit for the payment, please add the UCI and RC numbers shown above on your check or money order.

If you have any questions regarding your fee, please contact your regional center.

IMPORTANT: DETACH AND RETURN THE BOTTOM PORTION OF THIS STATEMENT WITH YOUR PAYMENT TO ENSURE PROPER CREDIT

Annual Family Program Fee - PAYMENT FORM

Indicate Regional Center and UCI # on all inquiries and payments.

Consumer's Name	RC #	UCI #	Fee Assessment Date	Amount Paid

(Please provide information on the back for other siblings receiving regional center services.)
(Confidential Consumer Information - see California Welfare and Institutions Code 4514)

Mail to: State of California
Department of Developmental Services
Annual Family Program Fee
Accounting Section, Room 310, MS 3-7
P. O. Box 944202
Sacramento, CA 94244-2020

Each family with an AFPF eligible child or children receiving services through the regional center are assessed a single annual fee. Please provide information below on other siblings receiving regional center services.

Consumer's Name	RC #	UCI #

Families with annual incomes at or above 800 percent of the Federal Poverty Level (FPL) are assessed an annual fee of \$200.00. Families with incomes between 400 and 799 percent of the FPL are assessed an annual fee of \$150.00. Families with incomes below 400 percent of the FPL are not assessed a fee. Please use the chart below to estimate your fee amount based on family size and parents' annual income. If you think your income qualifies you for a lower fee please contact the regional center.

FAMILY SIZE	ANNUAL INCOME	FEE	ANNUAL INCOME	FEE	ANNUAL INCOME	FEE
2	\$0 - \$58,839	\$0.00	\$58,840 - \$117,679	\$150.00	\$117,680 - Over	\$200.00
3	\$0 - \$74,119	\$0.00	\$74,120 - \$148,239	\$150.00	\$148,240 - Over	\$200.00
4	\$0 - \$89,399	\$0.00	\$89,400 - \$178,799	\$150.00	\$178,800 - Over	\$200.00
5	\$0 - \$104,679	\$0.00	\$104,680 - \$209,359	\$150.00	\$209,360 - Over	\$200.00
6	\$0 - \$119,959	\$0.00	\$119,960 - \$239,919	\$150.00	\$239,920 - Over	\$200.00

For family size larger than above see DDS website: www.dds.ca.gov

Please provide information below on other siblings receiving regional center services.

Consumer's Name	RC #	UCI #

**ANNUAL FAMILY PROGRAM FEE
REGISTRATION FORM
DS 6009 (08/2011)**

APPENDIX D

Welfare and Institutions Code Section 4785 requires parents of qualifying children under 18 years of age to pay an annual family program fee based on adjusted gross family income.

Assessed Amount \$ _____

Assessment Date: _____

Please complete the following information.

Consumer Name(s)	RC #	UCI #	Date of Birth

<u>PARENT - 1</u>	<u>PARENT - 2</u>
Social Security Number - _____	Social Security Number - _____
Name First _____ MI _____ Last _____ Date of Birth _____	Name First _____ MI _____ Last _____ Date of Birth _____
Address Street _____ City _____ State _____ Zip _____	Address Street _____ City _____ State _____ Zip _____
Phone Numbers Home _____ Work _____ Cell _____ Email _____	Phone Numbers Home _____ Work _____ Cell _____ Email _____

Employer	Employer
Name _____ Street _____ City _____ State _____ Zip _____ Phone # _____	Name _____ Street _____ City _____ State _____ Zip _____ Phone # _____

Parent 1 – Signature Date

Parent 2 – Signature Date

Appendix E

ANNUAL FAMILY PROGRAM FEE - SCHEDULE
Effective July 1, 2011

This document illustrates the Federal Poverty Level effective January 2011, which should be used for assessments of the Annual Family Program Fee.

Number of Persons Living In The Family Home								
2	3	4	5	6	7	8	9	10
\$58,840	\$74,120	\$89,400	\$104,680	\$119,960	\$135,240	\$150,520	\$165,800	\$181,080
\$117,680	\$148,240	\$178,800	\$209,360	\$239,920	\$270,480	\$301,040	\$331,600	\$362,160

FPL %
400%
800%

FPL
2011

\$14,710	\$18,530	\$22,350	\$26,170	\$29,990	\$33,810	\$37,630	\$41,450	\$45,270
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**360 - FRANK D. LANTERMAN REGIONAL CENTER
ANNUAL FAMILY PROGRAM FEE
FY 2011/2012**

Appendix F

	RC	Primary UCI #	Secondary UCI #	Secondary UCI #	Primary Consumer		Payment Amount	Date Received
					Last Name	First Name		
1	360	6053370	6053371	6053372	O'Neal	Travis	\$200	8/1/2011
2	360	6096111			Grill	Joshua	\$150	8/11/2011
3	360	6085845			Luna	Charles	\$150	8/29/2011
4	360	6044047	6026454		Mc Donald	Gale	\$200	9/5/2011
5	360	6043470			Hernandez	Maria	\$200	9/14/2011
6	360	6095462			Thomas	Jessie	\$150	9/22/2011
7	360	6095768			Pina	Fernando	\$200	9/22/2011
8	360	6045834	6043764	6053099	Anderson	Mary	\$200	9/28/2011
9	360							
10	360							
11	360							
12	360							
13	360							
14	360							
15	360							
16	360							
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44	360							
45	360							
46	360							

SAMPLE:

UCI & NAMES NOT ACTUAL CONSUMERS

**ANNUAL FAMILY PROGRAM FEE
PAYMENT FORM – SECOND NOTICE
DS 6011 (08/2011)**

APPENDIX G

Consumer's Name	RC #	UCI #	Fee Assessment Date	Amount Paid

(Please provide information on the back for other siblings receiving regional center services.)

State records do not show a payment for your Annual Family Program Fee. You have been assessed an Annual Family Program Fee of \$ _____ for services provided to your child. This fee is required by state law (Welfare and Institutions Code Section 4785). One fee is assessed per family regardless of the number of children receiving services. It is a yearly fee. The annual income amount used to set your fee depends on your family size. Please refer to the chart on the reverse side of this form to determine your fee amount.

If you think you should get a lower fee, talk to your regional center about the documentation necessary for them to determine if you may qualify for a lower fee.

Welfare and Institutions Code Section 4710.5 provides parents with an opportunity to request a fair hearing if you disagree with your fee assessment. If you wish to have your fee assessment reviewed under this statute, you must complete a Fair Hearing Request form within 30 days of the assessment date. You may access this form through the regional center, or, through the department's website www.dds.ca.gov, form number DS1805.

Payment is due upon receipt of this notice. Please include the bottom of this form when you mail your check or money order, made out to "DDS – Annual Family Program Fee". So we can give you credit for the payment, please add the UCI and RC numbers shown above on your check or money order.

If you have any questions regarding your fee, please contact your regional center.

IMPORTANT: DETACH AND RETURN THE BOTTOM PORTION OF THIS STATEMENT WITH YOUR PAYMENT TO ENSURE PROPER CREDIT

**Annual Family Program Fee Payment Form
SECOND NOTICE**

Indicate Regional Center and UCI # on all inquiries and payments.

Consumer's Name	RC #	UCI #	Fee Assessment Date	Amount Paid

(Please provide information on the back for other siblings receiving regional center services.)
(Confidential Consumer Information - see California Welfare and Institutions Code 4514)

Mail to: State of California
Department of Developmental Services
Annual Family Program Fee
Accounting Section, Room 310, MS 3-7
P. O. Box 944202
Sacramento, CA 94244-2020

Each family with an AFPF eligible child or children receiving services through the regional center are assessed a single annual fee. Please provide information below on other siblings receiving regional center services.

Consumer's Name	RC #	UCI #

Families with annual incomes at or above 800 percent of the Federal Poverty Level (FPL) are assessed an annual fee of \$200.00. Families with incomes between 400 and 799 percent of the FPL are assessed an annual fee of \$150.00. Families with incomes below 400 percent of the FPL are not assessed a fee. Please use the chart below to estimate your fee amount based on family size and parents' annual income. If you think your income qualifies you for lower fee, please contact the regional center.

FAMILY SIZE	ANNUAL INCOME	FEE	ANNUAL INCOME	FEE	ANNUAL INCOME	FEE
2	\$0 - \$58,839	\$0.00	\$58,840 - \$117,679	\$150.00	\$117,680 - Over	\$200.00
3	\$0 - \$74,119	\$0.00	\$74,120 - \$148,239	\$150.00	\$148,240 - Over	\$200.00
4	\$0 - \$89,399	\$0.00	\$89,400 - \$178,799	\$150.00	\$178,800 - Over	\$200.00
5	\$0 - \$104,679	\$0.00	\$104,680 - \$209,359	\$150.00	\$209,360 - Over	\$200.00
6	\$0 - \$119,959	\$0.00	\$119,960 - \$239,919	\$150.00	\$239,920 - Over	\$200.00

For family size larger than above see DDS website: www.dds.ca.gov

Please provide information below on other siblings receiving regional center services.

Consumer's Name	RC #	UCI #