ANNUAL FAMILY PROGRAM FEE - PAYMENT FORM

Consumer's Name	RC #	UCI #	Fiscal Year of Assessment	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 for additional information on fees.

If you feel you qualify for a reduced or zero fee based on income, you must contact your regional center. DO NOT send financial documents or correspondence in the enclosed envelope or to the Department of Developmental Services (DDS). Contact your regional center for instructions.

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 (https://www.dds.ca.gov), form number DS 1805.

Payment is due upon receipt of this notice. Please return the bottom of this form when you mail your check or money order, payable to "DDS-Annual Family Program Fee." Please include the UCI and RC numbers shown above on your check or money order. ****You may also pay your fee with Visa or MasterCard by calling 800-862-0007.**

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

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

Consumer's Name	RC #	UCI #	Fiscal Year of Assessment	Amount Paid

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

(Confidential Consumer Information - California Welfare and Institutions Code 4514)

Mail to: California Department of Developmental Services
Client Financial Services
1600 Ninth Street, Room 205, MS 2-3
Sacramento CA 94244-2020

ANNUAL FAMILY PROGRAM FEE - PAYMENT FORM

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 you qualify for a reduced fee, contact your regional center for reassessment instructions. DO NOT PROVIDE INCOME INFORMATION TO DDS.

SIZE	ANNUAL INCOME	FEE	ANNUAL INCOME	FEE	ANNUAL INCOME	FEE
2	$0 - $67,639	**$0**	$67,640 - $135,279	**$150**	$135,280 - Over	**$200**
3	$0 - $85,319	**$0**	$85,320 - $170,639	**$150**	$170,640 - Over	**$200**
4	$0 - $102,999	**$0**	$103,000 - $205,999	**$150**	$206,000 - Over	**$200**
5	$0 - $120,679	**$0**	$120,680 - $241,359	**$150**	$241,360 - Over	**$200**
6	$0 - $138,359	**$0**	$138,360 - $276,719	**$150**	$276,720 - Over	**$200**

For family size larger than above visit the DDS website (https://www.dds.ca.gov)