STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY GAVIN NEWSOM, Governor

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

CLIENT FINANCIAL SERVICES, FEE PROGRAM UNIT

1215 O Street, MS 10-30

 SACRAMENTO, CA 95814

TTY: 711

(916) 654-3319

[DATE]

Parent(s) Name

Address

City, State, Zip

**Consumer Name:**

Dear Parent(s):

Parents of a Regional Center consumer under 18 years of age receiving 24-hour out of home care paid for with state funds are required to pay a monthly Parental Fee when the annual gross family income is at or above 201% of the Federal Poverty Line (FPL) with a family size of two or more.

**Enclosed is a Family Financial Statement (FFS), which must be completed, signed and returned to the Department of Developmental Services (Department) within 30 calendar days**. If the FFS is not returned within 30 calendar days, your account could be assessed the maximum fee until the required information is submitted. You must submit a copy of your federal tax return for the most current tax year with all schedules. If you did not file a federal tax return, please provide the following:

* Three successive pay stubs for both parents from the last six months.
* Employer provided earnings statement issued within the last 60 days.
* For Unemployment, Social Security, Disability, Workers Compensation, or other Public Aid, a copy of the award letter issued within the last 60 days or documented proof of the amount of the monthly award received is required.

The monthly fee is the lessor of:

* The Parental Fee Program Calculation Table based on the FPL, annual gross family income, and family size. The annual gross income based on family size is multiplied by the applicable fee percentage to arrive at the annualized fee amount, which is divided by 12 to determine the monthly fee (Please see Table below).
* The monthly cost of caring for a child, as determined by the most recent data available from the United States Department of Agriculture based on the parent(s) income and age of the child.
* The actual cost of services paid for with state funds.

Parental Fee Program

[Date]

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The Parental Fee Program Calculation Table is provided below for fee estimation purposes. As noted, fees could be lower based on the most recent data available from the United States Department of Agriculture or actual costs of services paid by the state.

|  |
| --- |
| **2022 Parental Fee Percentages by Family Size and Annual Gross Family Income** |
| **Family**  | **0%-200% of FPL** | **201%-300% of FPL** | **301-400% of FPL**  | **401-500% of FPL**  | **At or above 501% of FPL** |
| **Size** | **Fee=0%** | **Fee=3%** | **Fee=4%** | **Fee=5%** | **Fee=6%** |
| 2 | $0**-**$36,620 | $36,621**-**$54,930 | $54,931**-**$73,240 | $73,241**-**$91,550 | $91,551&Higher |
| 3 | $0**-**$46,060 | $46,061-$69,090 | $69,091**-**$92,120 | $92,121**-**$115,150 | $115,151&Higher |
| 4 | $0-$55,500 | $55,501**-**$83,250 | $83,251**-**$111,000 | $111,001**-**$138,750 | $138,751&Higher |
| 5 | $0**-**$64,940 | $64,941**-**$97,410 | $97,411**-**$129,880 | $129,881**-**$162,350 | $162,351&Higher |
| 6 | $0**-**$74,380 | $74,381**-**$111,570 | $111,571**-**$148,760 | $148,761**-**$185,950 | $185,951&Higher |
| 7 | $0**-**$83,820 | $83,821**-**$125,730 | $125,731**-**$167,640 | $167,641**-**$209,550 | $209,551&Higher |
| 8 | $0**-**$93,260 | $93,261**-**$139,890 | $139,891**-**$186,520 | $186,521**-**$233,150 | $233,151&Higher |
| 9 | $0**-**$102,700 | $102,701**-**$154,050 | $154,051**-**$205,400 | $205,401**-**$256,750 | $256,751&Higher |
| 10 | $0**-**$112,140 | $112,141**-**$168,210 | $168,211**-**$224,280 | $224,281**-**$280,350 | $280,351&Higher |

The maximum monthly fee for parents who fail to submit the requested information within 30 days of the date the Department requested the documentation is provided below:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Maximum Fee per Age** | **Maximum Monthly Fee** |  |  |  |  |
| Max Fee 0-2 | $1,723 |  |  |  |  |
| Max Fee 3-5 | $1,723 |  |  |  |  |
| Max Fee 6-8 | $1,691 |  |  |  |  |
| Max Fee 9-11 | $1,798 |  |  |  |  |
| Max Fee 12-14 | $1,826 |  |  |  |  |
| Max Fee 15-17 | $2,013 |  |  |  |  |

If you have any questions or are unable to provide all required information being requested, please call Parental Fee staff at (800) 862-0007, or by email at ddsparentalfee@dds.ca.gov . More information about the program can be found at <https://www.dds.ca.gov/services/family-fee-programs/pfp/>.

**Mail completed FFS and income documents to**:

Department of Developmental Services

Client Financial Services Section

Parental Fee Program

1215 O Street, MS 10-30

Sacramento, CA 95814