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 sib	lings receiving region	al center services.)	
number of children receiving	Ifare and Institution g services. It is a year	s Code Section 478 arly fee. The annua	for services provided to your of 5). One fee is assessed per family of 1 income amount used to set your first form for additional information of	regardless of the ee depends on
center. DO NOT sei	nd financial docume	nts or corresponde	income, you must contact your regence in the enclosed envelope or to ur regional center for instructions.	the .
disagree with your fee asses complete a Fair Hearing Req	sment. If you wish tuest form within 30	to have your fee as days of the assessi	n an opportunity to request a fair he sessment reviewed under this statu ment date. You may access this for w.dds.ca.gov), form number DS 180	te, you must m through the
order, payable to "DDS-Ann	ual Family Program	Fee." Please includ	om of this form when you mail your de the UCI and RC numbers shown a MasterCard by calling 800-862-000	above on your
If you have any questions re	egarding your fee, p	lease contact your	regional center.	
			T WITH YOUR PAYMENT TO ENSURE PROP	— — — — — — — — — — — — — — — — — — —

UCI#

Fiscal Year of Assessment

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

RC#

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

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

Mail to: California Department of Developmental Services

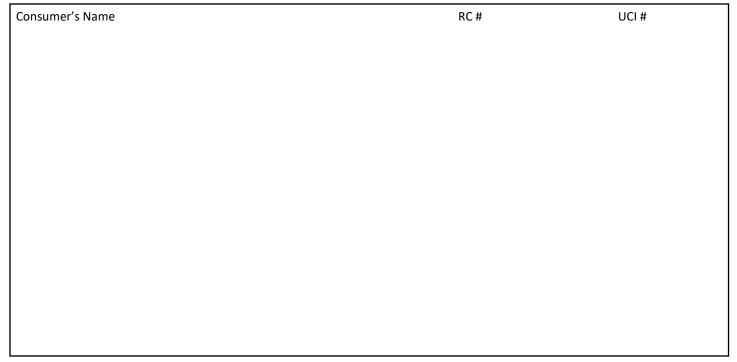
Client Financial Services 1215 O Street MS 10-30 Sacramento, CA. 95814

Consumer's Name

Amount Paid

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.



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)