

**PARENTAL CO-PAYMENT  
INITIAL SCREENING FORM  
HARRISONBURG ROCKINGHAM CSA**

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

- 1. The family has been screened for ability to pay and has no indicators for inability to pay. Full co-payment screening is recommended.
  
- 2. The family has been screened for ability to pay and found ineligible based on all of the following applicable reasons: (check all that apply)
  - Gross income is less than \$12,000 per year. Note: Please include *all* income of *all* adults legally responsible for the care of the child; including child support
  - SSI Disability is the only household income
  - Unemployment – No adult financially responsible for the child is employed
  - Qualifies for DSS eligibility services including TANF/SNAP
  - Free and Reduced Lunch
  - Qualifies for rental assistance/low income housing/home energy assistance program
  - Bankruptcy – currently filed
  - Parents incarcerated
  - Homeless
  - Other: \_\_\_\_\_

This is to acknowledge that all of the income information provided is accurate to the best of my knowledge.

Parent(s) or Guardian(s): \_\_\_\_\_

Case Manager: \_\_\_\_\_

CSA Manager: \_\_\_\_\_

Please note: Copayment is only required when CSA funds are being used. Copayment will never exceed actual costs spent. Copayment will not be required for Medicaid funded services.