

Required Elements for the Family Cost Share Agreement

Instructions

Left Column: Required elements for the Family Cost Share Agreement form are listed in the left column of this chart. Each required element must be printed on the Family Cost Share Agreement form as written, and in the order presented.

Right Column: Instructions for completing the elements and technical assistance for the agreement are in the right column.

Required Element	Instructions for Completing the Elements
<p><u>Child Information</u>: Child's name, child's date of birth, case or other identification number.</p>	<p>Complete all information; identification number may be used for local or TKIDS case ID.</p>
<p><u>Insurance Coverage</u>: Select any of the following coverage that applies to your child. If you choose to disclose your child's coverage, you will be asked to provide more specific information and your consent to contact and bill the insurance or managed care company. Check boxes for Medicaid, CHIP, private insurance, TRICARE, I choose not to answer, none.</p>	<p>Assist the parent in identifying insurance coverage for their child. Information indicated here should be consistent with the information indicated on the Consent to Bill and Release Information.</p>
<p><u>Family Size</u>: To calculate your child's family size, include the number of parents living in the home and all of the parent's dependents who meet the Internal Revenue Service definition in 26 USC §152 Dependent. What is your child's family size? with a blank. Check boxes for I choose not to answer and Not applicable – child is in foster care.</p> <p>If you refuse to disclose your family size, your maximum charge will be the full cost of your child's early intervention services.</p>	<p>Assist the parent in determining family size.</p>
<p><u>Gross Income</u>: To calculate your family's annual gross income, include all income received, from any source that is considered income by the Internal Revenue Service.</p> <p>What is your family's annual gross income? with a blank. Check boxes for I choose not to answer and Not applicable – child is in foster care.</p> <p>If you refuse to disclose your family's annual gross income, your maximum</p>	<p>Assist the parent in determining their gross income. A worksheet is in the <i>Paying for Early Childhood Intervention Services</i> booklet. Double check the parent's math using a calculator.</p>

Required Element	Instructions for Completing the Elements
<p><u>ECI Deductions</u>: To calculate your family’s ECI deductions, include all allowable family expenses that are not reimbursed by other sources. (See the “Paying for Early Childhood Intervention Services” booklet for details.) What is the total of your family’s ECI deductions? with a blank. Check boxes for I choose not to answer and Not applicable – child is in foster care.</p> <p>If you refuse to disclose your family’s ECI deductions, your family’s placement on the sliding fee scale is based solely on your family’s gross income.</p>	<p>Assist the parent in determining their ECI deductions. Given that the list of ECI deductions is unique to ECI, staff should be prepared to provide more assistance here than on the previous items. A worksheet is in the <i>Paying for Early Childhood Intervention Services</i> booklet. Double check the parent’s math using a calculator.</p>
<p><u>ECI Adjusted Income</u>: To calculate your family’s adjusted income, subtract your family’s ECI deductions from your family’s gross income. (Adjusted Income = Gross Income – ECI Deductions) What is your family’s adjusted income? with a blank.</p>	<p>Use a calculator to double check the parent’s math.</p>
<p><u>Monthly Maximum Charge</u>: (Only one of the following can apply)</p> <ul style="list-style-type: none"> • Based on my child being enrolled in Medicaid, and my giving consent to release information to and bill Medicaid, my maximum charge of \$ _____ is waived. • Based on my adjusted income, my maximum charge is \$_____. • Based on my attestation that I have no third-party coverage, and I plan to apply for Medicaid and/or CHIP, I understand that the ECI program may waive my maximum charge of \$_____ while Medicaid or CHIP eligibility is being determined, not to exceed 90 days. • Based on my child being in the conservatorship of the State of Texas (including foster care), my maximum charge is \$0. • Based on my choice not to write in ECI deductions, my maximum charge is based solely on my family’s gross income and is \$_____. • Based on my choice not write in my family size and gross income are true and accurate, my maximum charge is the full cost of services. 	<p>Using the income and family size, locate the family’s maximum charge on the sliding scale. Assist the parent with selecting the appropriate option and filling in the correct dollar amount.</p>

Required Element	Instructions for Completing the Elements
<p><u>Agreement:</u> I have received a copy of the “Paying for Early Childhood Intervention Services” booklet. The above information on insurance coverage, family size, income, and deductions is true and accurate. I understand that misrepresenting or withholding information may subject me to criminal and civil penalties and may result in the denial of the services. I agree to pay up to the monthly maximum charge, not to exceed the ECI program’s actual cost of services.</p>	<p>Review the content of the agreement statement with the parent.</p>
<p><u>Parent signature:</u> Parent’s signature, parent’s printed name, date.</p>	<p>Ask the parent to sign and print their name and indicate the date they are completing the form.</p>
<p>A signed copy, duplicate, or second original must be given to the parent.</p>	
<p>File the original signed form in the child’s financial record. Financial records related to income and deductions are kept separate from the child’s other educational records. This form is not forwarded to a school district or other non-ECI service provider at any time unless requested by the family. This information is transferred to another Texas ECI program when the child is to receive services from another ECI program. Unless a longer period is required by state or federal law, child records are retained for seven years after the child has been dismissed from services.</p>	

Early Childhood Intervention Services (ECI)
Sample Family Cost Share Agreement

Child's name:	For program use (optional):
Child's date of birth:	
Case or other identification number (optional):	

Insurance Coverage, Family Size, Income and ECI Deductions

Insurance Coverage: Select any of the following coverages that apply to your child. If you choose to disclose your child's coverage, you will be asked to provide more specific information and your consent to contact and bill the insurance or managed care company.

- Medicaid CHIP Private Insurance TRICARE
 I choose not to answer None

Family Size: To calculate your child's family size, include the number of parents living in the home and all of the parents' dependents who meet the Internal Revenue Service definition in 26 USC §152 Dependent.

What is your child's family size? _____

- I choose not to answer Not applicable – child is in foster care.

If you refuse to disclose your family size, your maximum charge will be the full cost of your child's early intervention services

Gross Income: To calculate your family's annual gross income, include all income from any source that is considered income by the Internal Revenue Service.

What is your family's annual gross income? \$ _____

- I choose not to answer Not applicable – child is in foster care.

If you refuse to disclose your family's annual gross income, your maximum charge will be the full cost of your child's early intervention services.

ECI Deductions: To calculate your family's ECI deductions, include all allowable family expenses that are not reimbursed by other sources. (See the "Paying for Early Childhood Intervention Services" booklet for details.)

What is the total of your family's ECI deductions? \$ _____

- I choose not to answer Not applicable – child is in foster care.

If you refuse to disclose your family's ECI deductions, your family's placement on the DARS sliding fee scale is based solely on your family's gross income.

ECI Adjusted Income: To calculate your family's adjusted income, subtract your family's ECI deductions from your family's gross income. (Adjusted Income = Gross Income – ECI Deductions)

What is your family's adjusted income? \$ _____

**Monthly Maximum Charge
(Only one of the following can apply)**

Based on my child being enrolled in Medicaid, and my giving consent to release information to and bill Medicaid, my maximum charge of \$ _____ is waived.

Based on my adjusted income, my maximum charge is \$ _____.

Based on my attestation that I have no third-party coverage, and I plan to apply for Medicaid and/or CHIP, I understand that the ECI program may waive my maximum charge of \$ _____ while Medicaid or CHIP eligibility is being determined, not to exceed 90 days.

Based on my child being in the conservatorship of the State of Texas (including foster care), my maximum charge is \$0.

Based on my choice not to write in ECI deductions, my maximum charge is based solely on my family's gross income and is \$ _____.

Based on my choice not to write in my family size and gross income, my maximum charge is the full cost of services.

Agreement

I have received a copy of the "Paying for Early Childhood Intervention Services" booklet. The above information on insurance coverage, family size, income and deductions is **true and accurate**. I understand that this is a government record. I understand that misrepresenting or withholding information may subject me to criminal and civil penalties and may result in denial of services. I agree to pay up to the monthly maximum charge, not to exceed the ECI program's actual cost of services.

Parent's signature:

X

Parent's printed name:

Date: