

Infant & Toddler Connection of Virginia

FAMILY COST SHARE PROCEDURES

Fee Appeal Form



The family must provide proof of income and documentation of expenses that exceed the average monthly allowable amount. Do not include any items that were previously deducted in calculating taxable income.

Child/ren's Name(s): _____
 Number of Family members: _____

Monthly family income
 (Annual Taxable Income ÷ 12 or Net monthly income) \$ _____

Monthly Family Expenses:

- Housing (rent, mortgage) \$ _____
- Transportation (public transit, cab, repairs, license, tolls) \$ _____
- Loans and Credit Debt
 - Credit card payment \$ _____
 - Car loan payment \$ _____
 - Other loan/debt payment \$ _____
- Auto Insurance (\$75/month/family) \$ _____
- Utilities (\$310/month) \$ _____
- Food (\$200 per person) \$ _____
- Telephone (\$70/month) \$ _____
- Internet (\$20/month) \$ _____
- Cable (\$65/month) \$ _____
- Gasoline (\$100 per adult) \$ _____
- Clothing (\$35 per person) \$ _____
- Elder Care \$ _____
- Child Care \$ _____
- Health Insurance \$ _____
- Life Insurance \$ _____
- Medical \$ _____
- Educational Expenses \$ _____
- Job-Related Necessities \$ _____
- Expenses to maintain home in livable condition \$ _____
- Recreation/Entertainment (up to \$25 per person) \$ _____

Total Monthly Family Expenses \$ _____

Disposable Income (Income less Expenses) \$ _____

Fee Cap @ 5% of Disposable income (No fee if disposable income ≤ \$0) \$ _____

I certify that the information I have provided regarding my financial status is complete and accurate to the best of my knowledge.

 Parent Signature & Date

 Staff Signature & Date