

FY 2008 Income Verification

FSS Recipient \_\_\_\_\_

I hereby certify that my family's taxable income\* for 2006 (prior year) was

\$ \_\_\_\_\_

\*refer to line 43 on form 1040; line 27 on form 1040A; line 6 on form 1040 EZ

This amount should reflect the total taxable income of the household that is available to help support the individual who has MRDD. Any income of the individual with a disability is not counted in the total. The family's taxable income must be certified by the signature of the primary caregiver or family member. Co-payment rates for families who elect not to certify their income by signature may be set at 100%.

Families are required to make co-payments based on the sliding scale below. Please check which co-payment pertains to you.

<u>Annual Taxable Income</u>	<u>Co-payment</u>
\$27,258 or less	0% _____
\$27,259 to \$37,759	10% _____
\$37,760 to \$48,260	30% _____
\$48,261 to \$62,261	50% _____
\$62,262 to \$79,762	75% _____
\$79,763 and above	100% _____ of cost

NEW INCOME TAX INFORMATION WILL BE IN EFFECT JULY 1, 2007 THROUGH JUNE 30, 2008. If a family is not required to file an income tax form that fact shall not affect their eligibility for services provided according to the Family Support Services rule and the family shall not be liable for contribution for reimbursable services.

If the taxable income of the family for the year in which services are requested is different than the taxable income for the prior year, the projected taxable income for the current year shall be considered available to the individual. It shall be the responsibility of the person(s) so affected to report the change in income. The person shall verify the income by signature.

Signature of person completing this form \_\_\_\_\_

Date \_\_\_\_\_ Relationship to FSS recipient \_\_\_\_\_

For annual packet, please complete both sides of this form and return.