

Infant & Toddler Connection of Virginia

FAMILY COST SHARE PROCEDURES

Fee Appeal Form



The family must provide proof of income, documentation of expenses that exceed the average monthly allowable amount, and documentation for any expenses that don't have an 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 (\$100/month/car) \$ _____

Utilities (\$430/month) \$ _____

Food (\$265 per person) \$ _____

Telephone (\$120/month) \$ _____

Gasoline (\$130 per adult) \$ _____

Clothing (\$65 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