ANNUAL FAMILY PROGRAM FEE - PAYMENT FORM (**SECOND NOTICE**)

Consumer's Name	RC #	UCI #	Fiscal Year of Assessment	Amount Paid

(Please provide information on the back for other siblings receiving regional center services.)

State records do not show a payment for your Annual Family Program Fee. You have been assessed an Annual Family Program Fee of $_____ for services provided to your child. This fee is authorized by state law (Welfare and Institutions Code Section 4785). One fee is assessed per family regardless of the number of children receiving services. It is a yearly fee. The annual income amount used to set your fee depends on your family size. Please refer to the chart on the reverse side of this form to determine your fee amount.

If you think you qualify for a lower fee, **contact your regional center for further information**. Documentation of income may be required by your regional center in order to reduce your fee. ****DO NOT send your financial or income documents to DDS. The documents must be sent to your regional center**.

Welfare and Institutions Code Section 4710.5 provides parents with an opportunity to request a fair hearing if you disagree with your fee assessment. If you wish to have your fee assessment reviewed under this statute, you must complete a Fair Hearing Request form within 30 days of the assessment date. You may access this form through the regional center, or, through the department's website (https://www.dds.ca.gov), form number DS 1805.

Payment is due upon receipt of this notice. Please return the bottom of this form when you mail your check or money order, payable to "DDS-Annual Family Program Fee." Please include the UCI and RC numbers shown above on your check or money order. ****You may also pay your fee with Visa or MasterCard by calling 800-862-0007.**

If you have any questions regarding your fee, please contact your regional center.

IMPORTANT: DETACH AND RETURN THE BOTTOM PORTION OF THIS STATEMENT WITH YOUR PAYMENT TO ENSURE PROPER CREDIT

ANNUAL FAMILY PROGRAM FEE - PAYMENT FORM (SECOND NOTICE)

Indicate Regional Center and UCI # on all inquiries and payments.

Consumer's Name	RC #	UCI #	Fiscal Year of Assessment	Amount Paid

(Please provide information on the back for other siblings receiving regional center services.)

(Confidential Consumer Information - California Welfare and Institutions Code 4514)

Mail to: California Department of Developmental Services
Client Financial Services
1215 O Street MS 10-30
Sacramento, CA 95814

ANNUAL FAMILY PROGRAM FEE - PAYMENT FORM (**SECOND NOTICE**)

Each family with an AFPF eligible child or children receiving services through the regional center are assessed a single annual fee. Please provide information below on other siblings receiving regional center services.

Consumer's Name	RC #	UCI #

Families with annual incomes at or above 800 percent of the Federal Poverty Level (FPL) are assessed an annual fee of $200.00. Families with incomes between 400 and 799 percent of the FPL are assessed an annual fee of $150.00. Families with incomes below 400 percent of the FPL are not assessed a fee. Please use the chart below to estimate your fee amount based on family size and parents' annual income.

If you think your income qualifies you for lower fee, please contact the regional center.

SIZE	ANNUAL INCOME	FEE	ANNUAL INCOME	FEE	ANNUAL INCOME	FEE
2	$0 - $67,639	**$0**	$67,640 - $135,279	**$150**	$135,280 - Over	**$200**
3	$0 - $85,319	**$0**	$85,320 - $170,639	**$150**	$170,640 - Over	**$200**
4	$0 - $102,999	**$0**	$103,000 - $205,999	**$150**	$206,000 - Over	**$200**
5	$0 - $120,679	**$0**	$120,680 - $241,359	**$150**	$241,360 - Over	**$200**
6	$0 - $138,359	**$0**	$138,360 - $276,719	**$150**	$276,720 - Over	**$200**

For family size larger than above visit the DDS website (https://www.dds.ca.gov)