

FAMILY FINANCIAL STATEMENT
DS 1235 (Rev. 6/2006)

THE INFORMATION ON THIS STATEMENT WILL BE CONFIDENTIAL

PLEASE READ BEFORE COMPLETING THIS STATEMENT— Sections 4677 and 4782 of the Welfare and Institutions Code require parents of children under 18 years of age to pay a parental fee **based on their ability to pay**. Information provided will help this Department determine your ability to pay and assess the proper level of payment. Parental fees will be deposited into the Program Development Fund and used to provide new programs for persons with developmental disabilities.

<input type="checkbox"/> INITIAL DETERMINATION <input type="checkbox"/> REDETERMINATION		Date
Regional Center	Regional Center Number	Unique Client Identifier (UCI) Number
Client's Name	Birth Date	Social Security Number
Name and Telephone Number of Placement Facility		Date Placed

YOUR PERSONAL DATA	(circle one) *DOMESTIC FATHER or STEPFATHER or PARTNER		(circle one) *DOMESTIC MOTHER or STEPMOTHER or PARTNER	
	Name (First, Middle Initial, Last)			
Social Security Number				
Date of Birth				
Place of Birth	(City/State)	(Zip Code)	(City/State)	(Zip Code)
Military Service (if applicable)	(Branch)		(Branch)	
Serial Number				
Dates of Service				

YOUR HOME ADDRESS	(If parents live at same address — enter under father's name)			
Street Address or P.O. Box				
City				
State and Zip Code		(Zip Code)		(Zip Code)
Home Phone	(Area Code) ()		(Area Code) ()	

YOUR JOB	Check box if applicable: <input type="checkbox"/> Unemployed <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Retired		Check box if applicable: <input type="checkbox"/> Unemployed <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Retired	
Position or Occupation				
Employer or Firm Name				
Street Address or P.O. Box				
City				
State and Zip Code		(Zip Code)		(Zip Code)
Business Phone	(Area Code) ()		(Area Code) ()	

GRANDPARENT'S DATA				
Street Address or P.O. Box				
City				
State and Zip Code		(Zip Code)		(Zip Code)
Home Phone	(Area Code) ()		(Area Code) ()	

PLEASE COMPLETE REVERSE SIDE BEFORE RETURNING STATEMENT TO THE DEPARTMENT OF DEVELOPMENTAL SERVICES

* Family Code Sections 297-297.5 states " A Domestic Partnership shall be established in California when both persons file a Declaration of Domestic Partnership with the Secretary of State pursuant to this Division."

Please report **GROSS** Income. Gross Income means your actual income before **any** deductions.

YOUR FAMILY INCOME	FATHER/STEPFATHER/PARTNER	MOTHER/STEMOTHER/PARTNER	CLIENT	
Report Gross Income by Source	Monthly or Annual	Monthly or Annual	Monthly	Annual
1. Salary or Wages				
2. Self-Employed Income*				
3. Net Income from Rental/Property*				
4. Dividends and Interest				
5. Retirement Income				
6. Social Security Payee _____				
7. VA Benefits/Compensation Payee _____				
8. Child Support Payments Child's Name _____ Payee _____				
9. Disability or Unemployment Income/Public Aid—AFDC (circle one)				
10. Other Income Describe _____				
11. TOTAL GROSS INCOME				


* If any or all of your Gross Annual Family Income is from self-employment or rental property, please attach copy of the last U.S. Individual Income Tax Return (Form 1040) and all schedules and attachments filed with the Internal Revenue Service.

ANNUAL AMOUNTS

12. CLIENT'S MEDICAL EXPENSE: \$ _____
13. CLIENT'S PORTION OF HEALTH/DENTAL INSURANCE POLICY PREMIUM — Do not include Life Insurance premiums: \$ _____
14. CLIENT'S CLOTHING EXPENSE: \$ _____
15. CLIENT'S PERSONAL NEEDS AND INCIDENTALS — Annual amounts paid from gross family income for personal needs and incidentals for the child with developmental disabilities: \$ _____
16. CLIENT'S RECREATION AND ENTERTAINMENT—Annual amount paid from gross family income for recreation and entertainment for the client: \$ _____
17. TRANSPORTATION EXPENSE — Reasonable transportation expenses incurred by parents to visit a child with developmental disabilities. Use 21 cents per mile to compute amount claimed or actual costs for bus or air fare:
- TOTAL MILEAGE CLAIMED _____ \$ _____
18. MAJOR UNUSUAL EXPENSE — Must be documented and approved by the Department of Developmental Services. Examples: natural disaster, catastrophic uninsured loss, extreme medical expense, etc.: \$ _____
19. CHILD SUPPORT OR ALIMONY PAID — A copy of the final divorce decree showing the amount of alimony or child support **must** be provided: \$ _____

NUMBER OF FAMILY MEMBERS DEPENDENT ON TOTAL GROSS INCOME — Include the client:

I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.

 _____
Father or Stepfather's or Domestic Partner Signature Date

 _____
Mother or Stepmother's or Domestic Partner Signature Date