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Declaration of Income Form for Parental Fee

Children’s Long Term Support **Children’s Mental Health Supportive Services**

Child’s Name (Last, First, Middle): _____

County of Residence: _____

Are you currently paying child support for out of home placement for the child identified above? Yes No

Family Size: _____

Adjusted Gross Income for Parent(s)* of child above: _____

I attest that the income provided above is the amount reported on my / our previous calendar year Federal tax return as “Adjusted Gross Income.”

Name 1 (Print): _____

Date: _____

Signature 1: _____

Address: _____

If applicable:

Name 2 (Print): _____

Date: _____

Signature 2: _____

Address: _____

Supervisor Only:

CARS PROFILE (CLTS ONLY): _____

Supervisor Signature: _____

Date: _____