

Joe Lombardo
Governor

Rique Robb
Interim Director



**DEPARTMENT OF
HUMAN SERVICES**
DIVISION OF SOCIAL SERVICES
Helping people. It's who we are and what we do.



Robert H. Thompson
Administrator

TANF

MEDICAID

SNAP

Date: _____

Case Name: _____

Case ID: _____

NOTIFICATION OF PARENTAL FINANCIAL RESPONSIBILITY

The Division of Social Services has completed an evaluation of your income to determine your monthly parental financial obligation due for the services provided to your disabled child.

Based on your reported and verified income, your monthly parental reimbursement amount is \$ _____ .
This amount is due and payable at the start of each month your child is participating in the Medicaid program.

Please be advised you must report any change in household circumstances as soon as the change becomes known to you. The Division will re-evaluate your circumstances on an annual basis to determine if a parent reimbursement amount is due.

You will receive notification from the Investigations and Recovery unit regarding your payment schedule.

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