**Parent Fee Program – Information Disclosure Form (IDF)**

**(Print in Blue or Black Ink)**

**PARTICIPATION INFORMATION**

List the Name(s) of All Children Receiving Waiver Services

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | MI | Last Name | Age | Date of Birth | Medicaid ID # | SSN # | HCBS Waiver |
| (Example)John | A. | Doe | 13 | 07/05/1996 | 00000000000 | 123-45-6789 | Physical Disability Waiver |
|       |    |       |    | Select date |       |       | Choose an item. |
|       |    |       |    | Select date |       |       | Choose an item. |
|       |    |       |    | Select date |       |       | Choose an item. |
|       |    |       |    | Select date |       |       | Choose an item. |

(List any additional participants on a separate IDF form.)

**INFORMATION OF INDIVIDUAL RESPONSIBLE FOR FEE PAYMENT**

Relationship to Child: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_     \_\_\_\_\_\_ Social Security Number: \_     \_\_\_\_

Address: \_\_     \_\_\_\_\_ City, State & Zip: \_     \_\_\_

Daytime Phone Number: \_     \_\_ E-mail: \_     \_\_

**INCOME TAX (Attach a copy of the first page of your Federal Income Tax Return to this form. This will be reconsidered annually.)**

Did you file income tax last year? ☐ yes ☐ no

If you answered **yes** please fill out the following section:

Per Tax Return Adjusted Gross Income: $\_\_\_     \_\_\_ # of Exemptions (family size): \_\_     \_\_\_\_

If you answered **no** please fill out the following section:

Estimated Adjusted Gross Income: $\_\_\_\_\_\_     \_\_\_\_\_ # of Exemptions (family size): \_\_     \_\_\_\_\_

**The information I have given is true to the best of my knowledge.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Print Name |  | Signature/Certification |  | Date |

(Mail this form to the address at the top of this page. For additional questions, please contact KDADS at 785-296-4986.)