



Minnesota Department of **Human Services**

Medical Assistance Parental Fee Form

All parents must complete and return this Medical Assistance (MA) Parental Fee Form even if you have already given your tax information to your county.

You may be required to contribute toward the cost of medical services your child receives from the Medical Assistance (MA) Program. Read the enclosed **Important Notice** before completing this form. Answer the following questions and return this form and appropriate documents to the Minnesota Department of Human Services, Financial Operations Division, P.O. Box 64171, St. Paul, MN 55164-0171, within ten (10) days, or fax to (651) 431-7507.

Questions? Call (651) 431-3806 or (800) 657-3751.

1. Attach a copy of your 2008 Federal Income Tax Form 1040 or 1040A or Extension.

Enter Adjusted Gross Income from your **2008** Federal Income Tax form: Line 37 of Form 1040, OR Line 21 of Form 1040A.....\$ _____

2a. If you filed a joint return with a person other than the natural parent of the child who gets MA, or if you filed a joint return with the child's other parent but are now divorced or separated, enter your share of the Adjusted Gross Income here and **attach all 2008 W-2 forms and schedules**.....\$ _____

2b. Enter the name, address and phone number of the child's other natural parent if living in a different household.

3. Enter the number of dependents that you claimed on your federal taxes **and** who **actually lived** in your household for more than six months of the year during 2008. Include children born during 2008 even if they did not live in your household for six months during that year.
Do not include stepchildren#_____

List the names of the children included above:_____

4. Are there children (under age 21) living with you now who you did not claim as dependents on your Federal Tax Form 1040 or 1040A? Do not include foster children Yes No

If YES, list the names and number of children _____#_____

Explain:_____

Include a copy of the birth certificate for children born **after Jan. 1, 2009**.

5. Does the child receiving MA live with you? Yes No

6. Enter the monthly amount of court-ordered child support payments you actually paid for the child who receives MA.....\$_____

You must attach a complete copy of your original decree/child support order and subsequent COLA orders that have been filed with the county if not previously sent to the Parental Fee Unit. You must also provide proof of your current child support payments (for example: monthly child support statement). This proof of child support paid may reduce your parental fee.

7. Is the child on MA also covered by a private health insurance policy?..... Yes No

8. If you checked "No" on question 7, answer this question: Does your employer offer dependent health coverage for your child at a cost of less than 5 percent of your adjusted gross income? Yes No

I have read the important notice discussing parental fees. I understand that I may be assessed a monthly parental fee and that it may go back to the date that my child was approved for MA, including any months of retroactive eligibility. If I am assessed a parental fee, I will receive a **Determination Order** from the Minnesota Department of Human Services informing me of the effective date and amount of my monthly fee. After I receive my **Determination Order**, I may request a review of my fee by writing to the Financial Operations Division.

You have ten (10) days to return this form and required documents to the Minnesota Department of Human Services, Parental Fee Unit, PO Box 64171, St. Paul, MN 55164-0171.

By signing this form, I declare that the information I have put on this form has been examined by me and to my knowledge and belief is a true and correct statement.

Signature of parent(s)

MOTHER		FATHER	
DATE SIGNED	AREA CODE AND PHONE NUMBER (DAY)	(EVENING)	