

**DOUGLAS COUNTY SOCIAL SERVICES**  
**Policy for Parental Fees for Out-of-Home Placement**

**Effective:** January 1, 2009  
**Revision Date:** January 1, 2009  
**Authority:** Douglas County Board of Commissioners

**I. Parental Fees for Out-of-Home Placements**

**PURPOSE**

To provide guidelines to set and collect parental fees for children in out-of-home placement.

**PROCEDURE/PROCESS**

Personnel Responsible: Social Workers, Case Aide, Collections Officer, and Supervisors

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**Policy:**

It is the policy of this county under MN Statute 260B.331 and 260C.331 to consider parents of children who must be removed from their home to be responsible for the cost of caring for their children according to their ability to pay. For this purpose, the following fee schedule is established to determine parental responsibility for payment when insurance or other health insurance coverage is not adequate to cover the entire costs of the care of the child. Insurance benefits available shall be assigned to Douglas County. Parents or guardians shall maintain such insurability. This policy excludes children with conditions of mental retardation or a related condition, an emotional handicap, or physical handicap in 24-hour care outside the home in accordance with MN Statute Rule Part 9550.6220. For these families, DHS will be responsible for fee assessments. Items numbered 11 through 14 of this policy pertain to all families with a child in out-of-home placement.

An assessment to establish parental fees will be completed in all out-of-home placements of children. Fees are to be established pursuant to the State of Minnesota and/or Douglas County's policy.

**Child Fee Policy:**

1. The child's fee is the full amount of his/her unearned income such as Social Security, SSI, etc. If the child has earned net income of \$1,000.00 or more per month, the child will be required to contribute 10% of the earned income in addition to any unearned income attributable for the child.
2. If child support is being paid for the child by a non-custodial parent, such payment shall continue in full and be assigned to Douglas County Social Services.
3. The child fee cannot exceed the cost of the service.

## **Parent Fee Policy**

1. Individuals or families receiving MFIP cash, GA, or MSA will not be charged a fee. Those receiving Food Support or MA will be charged under the fee schedule.
2. An interview with parents and Collections Officer will be arranged to discuss the parental fee.
3. The agency will use the child support guidelines developed by the Minnesota Department of Human Services to calculate the custodial parents' fee for out-of-home placement.
4. The parental fee is in addition to any child fee. The parent fee cannot exceed the cost of the service or care. The parent fee and the child fee combined cannot exceed the cost of the care.
5. In determining the parents' fee, only the income of all legally responsible parents in the household shall be included. Step-parent's income is not included. In determining the family size, only the natural or adopted children of the parent can be used. Step-children are not counted in the family size.
6. Fees are in addition to insurance collections pursuant to MN Statute 260.251, sub division 1. If the insurance coverage is applied to the out-of-home cost, then the balance of the uncovered cost is subject to the parent fee not to exceed the actual cost.
7. If it is determined that a client has insurance or other coverage and conceals this information or declines to allow billings to be made to that policy or coverage, the parent fee will be the full cost of the service.
8. If the family refuses to provide income information, the parental fee will be the full cost of the service. Failure to pay a fee will result in the family being taken to Conciliation Court and/or the use of the Revenue Recapture System and/or the fee will be withheld from the parent's wages pursuant to MN Statute 260C.331, Subdivision (d).
9. Parents are responsible for clothing, including the initial clothing and personal allowance while the child is in placement, unless this agency authorizes clothing of the child.
10. Parents are responsible for medical and dental expenses pursuant to MN Statute 518.171. This includes parents applying for Medical Assistance for their child.
11. Transportation for home visits is the responsibility of the parents. Arrangements for the agency's assistance in transportation are the responsibility of the parent.
12. The parents are responsible for notifying Douglas County Collections Office of any changes in their income, address, or household status within 10 days.

## PARENTAL FEE CALCULATION

**This worksheet is for fiscal year 2008 (July 1, 2008 - June 30, 2009)**

**Please retain this form for your records.**

**Parent Name:** \_\_\_\_\_

**Child Name:** \_\_\_\_\_

This worksheet was used to estimate your monthly parental fee and is for your information.

### **Step 1. Calculation of the income that we used to determine your parental fee.**

1. Adjusted gross income (AGI) from your 2007 federal taxes (Line 27 of form 1040 or line 21 of form 1040A). Add back self-employed depreciation. 1. \_\_\_\_\_
2. \$2,400 if the child is on Medical Assistance (MA) lives with you. 2. \_\_\_\_\_
3. Subtract line 2 from line 1. 3. \_\_\_\_\_
4. The amount of court-ordered child support that you pay PER YEAR for the child on MA. 4. \_\_\_\_\_
5. Subtract line 4 from 3. This is the income that we used to determine your parental fee. 5. \_\_\_\_\_

### **Step 2. Determining the percent of Federal Poverty Guideline (FPG) for your income.**

6. The income from line 5 above. 6. \_\_\_\_\_
7. Using the table below, the 'poverty guideline' for your family size. 7. \_\_\_\_\_

<u>Family Size</u>	<u>Poverty Guideline</u>
2	\$14,000.00
3	\$17,600.00
4	\$21,200.00
5	\$24,800.00
6	\$28,400.00
7	\$32,000.00
8	\$35,600.00

8. Divide the amount on line 6 by 7 (round to two decimal points) 8. \_\_\_\_\_
9. Multiply line 8 by 100. This is the percent of FPG that we used to calculate your parental fee. 9. \_\_\_\_\_

## PARENTAL FEE CALCULATION

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### Step 3. Calculation of your monthly parental fee

10. Enter the number from Line 9. 10. \_\_\_\_\_
11. Is the number on line 10 less than 100?  
Yes. Your parental fee is zero.  
No. Go to line 12.
12. Is the number on line 10 equal to or greater than 100 but less than 175?  
Yes. Your parental fee is \$4.00 per month  
No. Go to line 13.
13. Is the number on line 10 equal to or greater than 175 but less than 375?  
Yes. Go to line 15.  
No. Go to line 14.
14. Is the number on line 10 equal to or greater than 375?  
Yes. Go to line 22.
15. Enter the number from line 10. 15. \_\_\_\_\_
16. Subtract 175 from line 15 and enter the result here. 16. \_\_\_\_\_
17. Multiply line 16 by 0.000325 and enter the result here.  
(Don't round result.) 17. \_\_\_\_\_
18. Add 0.01 to the amount on line 17 and enter the result here. 18. \_\_\_\_\_
19. Adjusted gross income from line 5. 19. \_\_\_\_\_
20. Multiply line 18 by line 19. 20. \_\_\_\_\_
21. Divide line 20 by 12. This is your MONTHLY parental fee.  
If the number on line 15 is greater than 375, continue: 21. \_\_\_\_\_

## **CHILD SUPPORT GUIDELINE WORKSHEET**

Copy Child support guidelines worksheet from DHS site:

<http://childsupportcalculator.dhs.state.mn.us/ChildSupportGuidelines.aspx?PrintableVersion=Yes>