

### FEE POLICY NOTICE

Dakota County and the Dakota County Community Services Department (DCCS) notifies \_\_\_\_\_, parent(s) or guardian(s) of \_\_\_\_\_, a minor child, residing at \_\_\_\_\_ of the County's Child Fee Policy.

The parent(s) or guardian(s) of the child named above agree to the following provisions in return for the County of Dakota providing services to the minor child.

1. DCCS may arrange for services to be provided to the child. As a result, a fee may be charged to reimburse the County for the costs of services, such as out-of-home care, examination, or treatment as provided by the Dakota County Fee Policy. The total fee may include income and resources attributable to the child(ren), including but not limited to, social security benefits, supplemental security income (SSI), veterans benefits, railroad retirement benefits and child support. If the income and resources attributable to the child are not enough to reimburse the county for the full cost of care, examination, or treatment, a Parental Fee is also assessed based on the parent's ability to pay.
2. Parent(s) or guardian(s) hereby assigns/redirects all income/resources and benefits which I/we am/are entitled to receive on behalf of the child, including, but not limited to social security benefits, SSI, VA benefits, RR retirement benefits, child support, health/dental insurance benefits.  
  
The Assignment/Redirection will end when the child is no longer receiving services, except that the Dakota County Community Services Department's right to recover benefits which were payable for the period services were received, but remain unpaid, shall continue indefinitely.  
  
I/We further agree and authorize payment of the benefits directly to the Dakota County Community Services Department upon presentation of this document or a photocopy of it. The payments will continue until Dakota County Community Services Department has verified that the child is no longer receiving services.
3. The parent(s) or guardian(s) will apply for insurance coverage, financial and/or medical assistance for the child if eligible or available and will provide DCCS a copy of the insurance policy or a certificate of the insurance policy as well as a copy of any financial or other medical assistance received by the parent(s) or guardian(s).
4. If the child is out of the home, the parent(s) or guardian(s) authorize DCCS to arrange needed medical, psychological and dental care services for the child and agrees to pay DCCS for the services provided to the child. If the child should need major medical treatment, DCCS will obtain a parent's or guardian's written consent before treatment except when an emergency exists. The parent(s) or guardian(s) agree to cooperate with DCCS in this process.
5. The parent(s) or guardian(s) will cooperate with DCCS. Current address(es), telephone information, household size, and appropriate financial information will be promptly provided to DCCS. Failure to comply with DCCS will result in the parent(s) being liable for the actual cost of service.
6. This agreement ends when the child is no longer receiving services through DCCS.
7. Dakota County Collections Unit will contact the parent(s) or guardian(s) to review the child(ren) and parent(s) financial information. If you have any questions regarding fees contact: Dakota County Collections, One Mendota Rd, West St. Paul, MN 55118, PH: (651) 554-5611.

**I / We have read and understand the above terms and conditions in this Child Fee Policy Notice and agree to comply with the terms and conditions set forth above.**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Title

**Additional Information:**

Name of non-custodial parent: \_\_\_\_\_

Address: \_\_\_\_\_