

**ILLINOIS EARLY INTERVENTION SERVICES SYSTEM  
FAMILY PARTICIPATION FEES PAYMENT AGREEMENT**

Financially Responsible Adult (FRA) Information
FRA Name:
FRA Address (street, city, state, zip code):
FRA Phone Number:
Child's Name:
Child's Date of Birth:
Child's EI Number:
Service Coordinator's Name:
CFC Number:

This Family Participation Fees Payment Agreement is between the Financially Responsible Adult (FRA) and the Illinois Department of Human Services Bureau of Early Intervention. I understand that Early Intervention has a Family Fee component. On the date of \_\_\_\_\_, I received the Family Participation Fees Program Fact Sheet and received a verbal explanation of the family fee component from the Service Coordinator. As the FRA for the child named above, I understand that I will be responsible for paying the family fee for Early Intervention Services Subject to Fees as outlined on my Family Fee Report provided by the Service Coordinator from the system. I understand I have the right to decline providing income information or proof but by declining this information, I will pay the highest Family Fee calculated amount.

I certify that I am responsible for reviewing the information on my Family Fee Report for accuracy and that I am responsible to report any changes immediately. I understand if I report changes that I will receive an updated Family Fee report to indicate these changes and will be responsible for the newly calculated Family Participation Fee amount even if it changes. If I have not received an updated report, I will contact the Service Coordinator and/or the Program Manager.

I also acknowledge I received the *State of Illinois: Infant/Toddler and Family Rights Under IDEA for the Early Intervention System* booklet and understand that it outlines my rights to an administrative resolution or mediation in the event I do not agree with the fee assessment. These rights have been explained to me and I understand them.

Financially Responsible Adult (Printed): \_\_\_\_\_

Financially Responsible Adult (Signature): \_\_\_\_\_

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

Service Coordinator (Printed): \_\_\_\_\_

Service Coordinator (Signature): \_\_\_\_\_

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

Original: Master File  
Copy: Family