**<County Letterhead Here>**

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**Children’s Long-Term Support (CLTS) Program and Children’s Community Options Program (CCOP) Parental Payment Limit (PPL) Income Declaration**

Participant’s Name (Last, First, Middle):

Participant’s Date of Birth:

Participant’s County of Residence:

County Representative:

Adjusted Gross Income for Parent(s) of the Participant:

Participant’s Medical/Dental Expenses as Reported on the Most Recent Federal Tax Return under Schedule A (optional):[[1]](#footnote-1)

***I attest that the information provided above is complete and accurate.***[[2]](#footnote-2)

Name (Print):

Relationship to Participant:

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

Signature:

1. The IRS has a web-based guide to assist taxpayers in identifying which expenses may be claimed under Schedule A, Itemized Deductions, visit <http://www.irs.gov/publications/p502/index.html>. Parents may choose to report Schedule A expenses, or use the standard disability allowance. Counties must enter the higher of the two in the PPL Worksheet to subtract from adjusted gross income. [↑](#footnote-ref-1)
2. Counties must recalculate PPL if parental income decreases from the adjusted gross income reported on the most recent income declaration form. In this situation, the parent(s) may estimate their newly changed income on a new income declaration form. [↑](#footnote-ref-2)