



*COST SHARING TOOL KIT*  
*for*  
*TITLE III SERVICE PROVIDERS\**

Resource Materials to Assist Service Providers Funded by Title III of  
the Older Americans Act to Implement the Cost Sharing Policies of the  
Minnesota Board on Aging  
and the  
Minnesota River Area Agency on Aging

\*Example documents are available in Microsoft Word by e-mailing [keichhorst@mnraaa.org](mailto:keichhorst@mnraaa.org).

# Purpose of the Cost Sharing Tool Kit

The Cost Sharing Tool Kit is intended to assist Title III service providers with the implementation of cost sharing policies and procedures allowed by the Older Americans Act (OAA) and further defined by the Minnesota Board on Aging (MBA) and the Minnesota River Area Agency on Aging (MNRAAA). The Kit provides background, policies, example materials and other helpful information to guide providers through the development and implementation of cost sharing policies and procedures for their Title III project(s).

Title III providers are free to use and or modify any of the **example** forms and documents provided in letters B. – F. below.

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## Cost Sharing and Voluntary Contributions Policies

### Purpose:

This document serves as a guideline for OAA Title III service providers in developing and implementing cost sharing and voluntary contributions policies and procedures. It clarifies regulations mandated by the MBA in accordance with Section 315(a) of the OAA.

### Background:

In March 2011, MBA approved an updated Title III policy regarding cost sharing and volunteer contributions. Implementation of the policy began in the 2012 project year.

### Cost Sharing Policies:

Cost sharing is required for all OAA Title III funded services except:

- Information and assistance, outreach, benefits counseling, or other case management services;
- Ombudsman, elder abuse prevention, legal assistance, or other consumer protection services;
- Congregate and home delivered meals; and
- Any service delivered through tribal organizations.

Cost sharing should be applied to all individuals (participants, clients) receiving any Title III service required to cost share, except individuals:

- With incomes at or below 100 percent of the federal poverty level;
- Receiving services through a Medicaid Waiver Program (CADI, CAC, DD, EW or TBI) or the Alternative Care Program.

The OAA (Sec. 315a) and MBA's Operations Manual for Area Agencies on Aging (AAA) require that Title III service providers have written cost sharing policies and procedures that describe how they will implement and administer the cost sharing policy, including how the provider will:

1. Protect the privacy and confidentiality of each individual, specifically with respect to the self-declaration or non-declaration of individual income and to any share of costs paid or not paid by an individual;
2. Establish appropriate procedures to safeguard and account for cost sharing payments;
3. Use cost sharing payments collected to expand the service for which the payment was given;
4. Account for cost sharing funds under a separate accounting in the general ledger and not co-mingle the funds with funds received under any other agreement;
5. Determine the unit of service cost as the basis for the cost sharing sliding scale;
6. Establish a sliding scale so as not to impose cost sharing for an individual whose income is at or below 100 percent of the Federal Poverty Guidelines, but provides them with an opportunity to make a voluntary contribution;
7. Include the sliding fee scale in materials given to prospective and/or new clients;

8. Inform individuals of their rights and responsibilities in relation to cost-sharing including cost of the service, recommended level of cost sharing, availability of the cost sharing sliding scale and information on availability of services if payment is not made due to inability or unwillingness to pay;
9. Determine eligibility for cost sharing based solely on a confidential self-declaration of gross income, with no requirement for verification;
10. Determine income level solely on the gross income of the individual who is 60 years and older, not considering assets, savings, or other property owned by an older individual, to determine whether cost sharing is permitted (In the case of a caregiver service, the income level is based on the care receiver's income; where the caregiver and the care receiver live together and one is 60 years and older, use the two person household income and apply the two person household column on the sliding scale.);
11. Determine when cost sharing participation shall be waived for extreme hardship (e.g. high medical or living expenses) on a case-by-case basis with approval by MNRAAA, and how waivers will be documented in client files; and
12. Notify individuals of current cost sharing amount due (Cost sharing statements or reminders may be provided but must not carry forward a balance due amount.)

### **Cost Sharing Sliding Scale**

Providers must submit a copy of the sliding fee scale(s) and related client education and notification materials to MNRAAA for review, comment and approval. Variations in the scale that comply with the intent of the cost share policy and encourage financial contributions by users are allowed. Scales that vary from the recommended scale must be approved by MNRAAA prior to implementation.

MBA recommends a 50% cost sharing level of the service cost, or higher. For individuals unable or unwilling to cost share at the 50% level, the cost share amount is to be determined using a cost sharing sliding fee scale. The MBA recommended scale is established on 10-25-50-100% of the cost of the service and applicable to the individual's income level at: greater than 100%, greater than 150%, greater than 200%, and greater than 250% of the Federal Poverty Guidelines (see Title III Cost-Share Sliding Scale Example). Providers must establish the scale based solely on the gross income level of the individual and cost of the service.

For Title III-B and D services, the participant income level is based on self-reported gross income of the older adult service recipient. If the person is in a two-person spousal household, where at least one person is age 60+, the participant income level is based on their combined, self-reported gross income.

For Title III-E caregiver services, the participant income level is based on the self-reported gross income of the care-receiver. In the case where the caregiver and care-receiver are married (in a two-person spousal household) where at least one person is age 60+, the participant income is based on their combined, self-reported gross income.

A means test shall not be utilized to determine eligibility.

Service may not be denied to any individual unable or unwilling to cost share for the service.

### **Voluntary Contributions Policies:**

All other Title III services, including those for which cost sharing is not required, are to establish and implement a voluntary contribution policy.

The OAA (Sec. 315a) and MBA's Operations Manual for AAAs require that providers will:

1. Provide individuals with an opportunity to voluntarily contribute to the cost of a service;
2. Clearly inform each individual that service will not be denied due to inability or unwillingness to pay;
3. Protect the privacy and confidentiality of each individual with respect to their contribution or lack of contribution;
4. Establish appropriate procedures to safeguard and account for all contributions;
5. Have in place a schedule of suggested contributions; and
6. Use all collected contributions to expand the service for which the contributions were given.

Providers who utilize voluntary contribution policies cannot:

- Mandate a fee or rate; or
- Means test for any service.

**EXAMPLE\***

**TITLE III COST SHARE SLIDING FEE SCALE**

% of Federal Poverty Guidelines (FPG)	1 person 60 years + In a single or multiple person, <i>non-spousal</i> household		2 person <i>spousal</i> household (at least 1 person is 60 years +)		Cost Share as Percentage of Service Unit Price or Budget Amount	*Example: Cost Share for a \$20 Service Unit Price or Budget Amount
	ANNUAL INCOME	MONTHLY INCOME	ANNUAL INCOME	MONTHLY INCOME		COST SHARE AMOUNT
Up to 100%	\$15,060 & Below	\$1,255 & Below	\$20,440 & Below	\$1,703 & Below	<b>Voluntary Contribution</b>	Voluntary Contribution
>100% to 150%	\$15,061 - \$22,590	\$1,256 - \$1,883	\$20,441 - \$30,660	\$1,704 - \$2,555	<b>10%</b>	\$ 2.00
>150% to 200%	\$22,591 - \$30,120	\$1,884 - \$2,510	\$30,661 - \$40,880	\$2,556 - \$3,407	<b>25%</b>	\$ 5.00
>200% and ≤250%	\$30,121 - \$37,650	\$2,511 - \$3,138	\$40,881 - \$51,100	\$3,408 - \$4,258	<b>50%</b>	\$10.00
>250%	\$37,651 & Above	\$3,139 & Above	\$51,101 & Above	\$4,259 & Above	<b>100%</b>	\$ 20.00

\*For Title III, the Cost Share percentage is based on the gross annual/monthly income of the qualifying older person(s) and is translated into a percentage of FPG and the cost of the service unit. It does not consider any assets, savings or other property owned by the older person(s) and verification of income is not required. A service price of \$20 is used as an example. Title III funded projects will customize this Cost Share sliding scale and reflect actual service unit price. NOTE: For Title III-E, use the care receiver's household income, not the caregiver's.

The monthly income amounts are based on the 2023 Federal Poverty Guidelines published in the *Federal Register* January 19, 2023.



























**D.3. Example Consumer Information – Title III-E Caregiver Respite**

*We Care, Inc. – Caregiver Respite Services  
Sharing in the Cost*

**Why do we ask participants to share in the cost of this service?**

The number of older adults needing help is growing and public resources used to pay for this help are diminishing. To help support Caregiver Respite Services, which are funded in part under Title III of the federal Older Americans Act, We Care, Inc. is required to ask caregivers to share in the cost of the services they receive.

**What is the cost sharing fee for Caregiver Respite Services?**

The cost of Caregiver Respite Services is \$14.00 per hour. Caregivers are asked share in the cost by paying the fee, or a portion of it, based on the care receiver's gross income and household size using the sliding fee scale below as a guide. Individual assets, property or savings are not considered when determining fees and verification of income is not required.

Cost sharing is not required if the care receiver's gross income is at or below the federal poverty level (see scale below). In this case, the family will be given the opportunity to make an affordable voluntary contribution to the program. Fees may also be waived for hardship situations (high medical or living expenses.)

**How do I learn about the details of cost sharing?**

We Care, Inc. staff will inform families verbally and in writing of the sliding fee scale policy and the process for collecting payments. We Care, Inc. will also mail a payment reminder [*Provider: specify quarterly, monthly or after each service occurrence*] but will not carry forward balances due from one period to the next.

**What if I don't pay?**

Caregivers who are unwilling or unable to share in the cost by paying the amount suggested on the sliding fee scale will not be denied service.

**Sliding Fee Scale**

% of Federal Poverty Guidelines (FPG)	1-person 60 years + in a single or multiple person, non-spousal household		2-person <i>spousal</i> household (at least 1 person is 60 years +)		Cost Share as % of Unit Price or Budget Amount	CAREGIVER RESPITE COST SHARE AMOUNT
	ANNUAL INCOME	MONTHLY INCOME	ANNUAL INCOME	MONTHLY INCOME		
Up to 100%	\$15,060 & Below	\$1,215 & Below	\$20,440 & Below	\$1,703 & Below	<b>Voluntary Contribution</b>	Voluntary Contribution
>100% to 150%	\$15,061 - \$22,590	\$1,216 - \$1,823	\$20,441 - \$30,660	\$1,704 - \$2,555	<b>10%</b>	\$1.40/Hour
>150% to 200%	\$22,591 - \$30,120	\$1,824 - \$2,430	\$30,661 - \$40,880	\$2,556 - \$3,407	<b>25%</b>	\$3.50/Hour
>200% and ≤250%	\$30,121 - \$37,650	\$2,431 - \$3,038	\$40,881 - \$51,100	\$3,408 - \$4,258	<b>50%</b>	\$7.00/Hour
>250%	\$37,651 & Above	\$3,039 & Above	\$51,101 & Above	\$4,259 & Above	<b>100%</b>	\$14.00/Hour

***Remember – No one will be denied service based on inability or unwillingness to pay.***

## D.4. Example Consumer Information – Title III-E Caregiver Consultant

### *We Care, Inc. - Caregiver Consultant Services Sharing in the Cost*

#### **Why do we ask participants to share in the cost of this service?**

The number of older adults needing help is growing and public resources used to pay for this help are diminishing. To help support Caregiver Consultant Services, which are funded in part under Title III of the federal Older Americans Act, We Care, Inc. is required to ask caregivers to share in the cost of the services they receive.

#### **What is the cost sharing fee for Caregiver Consultant Services?**

The initial contact for Caregiver Consultant Services is provided at no cost. There is an annual \$100 fee for on-going consultation, including assessment, development of a personal plan and all follow-up contacts. Caregivers are asked share in the cost by paying the annual fee, or a portion of it, based on the care receiver's gross income and household size using the sliding fee scale below as a guide. Individual assets, property or savings are not considered when determining fees and verification of income is not required.

Cost sharing is not required if the care receiver's gross income is at or below the federal poverty level (see scale below). In this case, the family will be given the opportunity to make an affordable voluntary contribution to the program. Fees may also be waived for hardship situations (high medical or living expenses.)

#### **How do I learn about the details of cost sharing?**

We Care, Inc. staff will inform families verbally and in writing of the sliding fee scale policy and the process for collecting payments. We Care, Inc. will also mail an annual payment reminder but will not carry forward balances due from one period to the next.

#### **What if I don't pay?**

Caregivers who are unwilling or unable to share in the cost by paying the amount suggested on the sliding fee scale will not be denied service. If a participant does not want to pay for a full year of consultant services, We Care, Inc. offers the option of paying on a \$30.00 per hour sliding fee scale.

#### **Sliding Fee Scale**

% of Federal Poverty Guidelines (FPG)	1-person 60 years + in a single or multiple person, <i>non-spousal</i> household		2-person <i>spousal</i> household (at least 1 person is 60 years +)		Cost Share as % of Unit Price or Budget Amount	CAREGIVER CONSULTANT COST SHARE AMOUNT
	ANNUAL INCOME	MONTHLY INCOME	ANNUAL INCOME	MONTHLY INCOME		
Up to 100%	\$15,060 & Below	\$1,255 & Below	\$20,440 & Below	\$1,703 & Below	<b>Voluntary Contribution</b>	Voluntary Contribution
>100% to 150%	\$15,061 - \$22,590	\$1,256 - \$1,883	\$20,441 - \$30,660	\$1,704 - \$2,555	<b>10%</b>	\$10.00/Year
>150% to 200%	\$22,591 - \$30,120	\$1,884 - \$2,510	\$30,661 - \$40,880	\$2,556 - \$3,407	<b>25%</b>	\$25.00/Year
>200% and ≤250%	\$30,121 - \$37,650	\$2,511 - \$3,138	\$40,881 - \$51,100	\$3,408 - \$4,258	<b>50%</b>	\$50.00/Year
>250%	\$37,651 & Above	\$3,139 & Above	\$51,101 & Above	\$4,259 & Above	<b>100%</b>	\$100.00/Year

***Remember – No one will be denied service based on inability or unwillingness to pay.***

## D.5. Example Consumer Information – Title III-D Evidence-Based Programs

### *We Care, Inc. – Evidence-Based Programs Sharing in the Cost*

#### **Why do we ask participants to share in the cost of this service?**

The number of older adults needing help is growing and public resources used to pay for this help are diminishing. To help support Evidence-Based Programs, which are funded in part under Title III of the federal Older Americans Act, We Care, Inc. is required to ask individuals to share in the cost of the services they receive.

#### **What is the cost sharing fee for Homemaker/Chore Services?**

The cost of Evidence-Based Programs is \$50.00 per series. Individuals are asked share in the cost by paying the fee, or a portion of it, based on their gross income and household size using the sliding fee scale below as a guide. Individual assets, property or savings are not considered when determining fees and verification of income is not required.

Cost sharing is not required if your gross income is at or below the federal poverty level (see scale below). In this case, you will be given the opportunity to make an affordable voluntary contribution to the program. Fees may also be waived for hardship situations (high medical or living expenses.)

#### **How do I learn about the details of cost sharing?**

We Care, Inc. staff will inform individuals verbally and in writing of the sliding fee scale policy and the process for collecting payments. We Care, Inc. can also mail a payment reminder if requested, *[Provider: specify quarterly, monthly or after each service occurrence]* but will not carry forward balances due from one period to the next.

#### **What if I don't pay?**

Individuals who are unwilling or unable to share in the cost by paying the amount suggested on the sliding fee scale will not be denied service.

#### **Sliding Fee Scale**

% of Federal Poverty Guidelines (FPG)	1-person 60 years + in a single or multiple person, <i>non-spousal</i> household		2-person <i>spousal</i> household (at least 1 person is 60 years +)		Cost Share as % of Unit Price or Budget Amount	EVIDENCE-BASED PROGRAMS COST SHARE AMOUNT
	ANNUAL INCOME	MONTHLY INCOME	ANNUAL INCOME	MONTHLY INCOME		
Up to 100%	\$15,060 & Below	\$1,255 & Below	\$20,440 & Below	\$1,703 & Below	<b>Voluntary Contribution</b>	Voluntary Contribution
>100% to 150%	\$15,061 - \$22,590	\$1,256 - \$1,883	\$20,441 - \$30,660	\$1,704 - \$2,555	<b>10%</b>	\$5.00/Series
>150% to 200%	\$22,591 - \$30,120	\$1,884 - \$2,510	\$30,661 - \$40,880	\$2,556 - \$3,407	<b>25%</b>	\$12.50/Series
>200% and ≤250%	\$30,121 - \$37,650	\$2,511 - \$3,138	\$40,881 - \$51,100	\$3,408 - \$4,258	<b>50%</b>	\$25.00/Series
>250%	\$37,651 & Above	\$3,139 & Above	\$51,101 & Above	\$4,259 & Above	<b>100%</b>	\$50.00/Series

***Remember – No one will be denied service based on inability or unwillingness to pay.***

**D.6. Example Consumer Information – Title III-E Support Groups**

*We Care, Inc. - Caregiver Consultant Services  
Sharing in the Cost*

**Why do we ask participants to share in the cost of this service?**

The number of older adults needing help is growing and public resources used to pay for this help are diminishing. To help support the provision of caregiver support groups, which are funded in part under Title III of the federal Older Americans Act, We Care, Inc. is required to ask caregivers to share in the cost of the services they receive.

**What is the cost sharing fee for Caregiver Consultant Services?**

There is an annual \$50.00 fee for on-going caregiver support groups. Caregivers are asked share in the cost by paying the annual fee, or a portion of it, based on the care receiver's gross income and household size using the sliding fee scale below as a guide. Individual assets, property or savings are not considered when determining fees and verification of income is not required.

Cost sharing is not required if the care receiver's gross income is at or below the federal poverty level (see scale below). In this case, the family will be given the opportunity to make an affordable voluntary contribution to the program. Fees may also be waived for hardship situations (high medical or living expenses.)

**How do I learn about the details of cost sharing?**

We Care, Inc. staff will inform caregivers verbally and in writing of the sliding fee scale policy and the process for collecting payments. If requested, We Care, Inc. will also mail a payment reminder but will not carry forward balances due from one period to the next.

**What if I don't pay?**

Caregivers who are unwilling or unable to share in the cost by paying the amount suggested on the sliding fee scale will not be denied service. If a participant does not want to pay for a full year of support groups, We Care, Inc. offers the option of paying on a \$5.00 per session sliding fee scale.

**Sliding Fee Scale**

% of Federal Poverty Guidelines (FPG)	1-person 60 years + in a single or multiple person, <i>non-spousal</i> household		2-person <i>spousal</i> household (at least 1 person is 60 years +)		Cost Share as % of Unit Price or Budget Amount	CAREGIVER SUPPORT GROUP COST SHARE AMOUNT
	ANNUAL INCOME	MONTHLY INCOME	ANNUAL INCOME	MONTHLY INCOME		
Up to 100%	\$15,060 & Below	\$1,255 & Below	\$20,440 & Below	\$1,703 & Below	<b>Voluntary Contribution</b>	Voluntary Contribution
>100% to 150%	\$15,061 - \$22,590	\$1,256 - \$1,883	\$20,441 - \$30,660	\$1,704 - \$2,555	<b>10%</b>	\$3.50/Year
>150% to 200%	\$22,591 - \$30,120	\$1,884 - \$2,510	\$30,661 - \$40,880	\$2,556 - \$3,407	<b>25%</b>	\$8.75/Year
>200% and ≤250%	\$30,121 - \$37,650	\$2,511 - \$3,138	\$40,881 - \$51,100	\$3,408 - \$4,258	<b>50%</b>	\$17.50/Year
>250%	\$37,651 & Above	\$3,139 & Above	\$51,101 & Above	\$4,259 & Above	<b>100%</b>	\$35.00/Year

***Remember – No one will be denied service based on inability or unwillingness to pay.***

**We Care, Inc.**

**TITLE III COST SHARE SLIDING FEE SCALE FOR SERVICES**

% of Federal Poverty Guidelines (FPG)	1 person 60+ years in a single or multiple person, <i>non-spousal</i> household		2 person <i>spousal</i> household (at least 1 person is 60 years +)		Cost Share as % of Unit Price or Budget Amount	Homemaker/Chore Cost Share Amount Based on \$25.00/Hour	Assisted Transportation Cost Share Amount Based on \$.58/Mile	Caregiver Consultant Cost Share Amount Based on \$100.00/Year	Caregiver Respite Cost Share Amount Based on \$14.00/Hour
	Annual Income	Monthly Income	Annual Income	Monthly Income					
Up to 100%	\$15,060 & Below	\$1,255 & Below	\$20,440 & Below	\$1,703 & Below	<b>Voluntary Contribution</b>	Voluntary Contribution	Voluntary Contribution	Voluntary Contribution	Voluntary Contribution
>100% to 150%	\$15,061 - \$22,590	\$1,256 - \$1,883	\$20,441 - \$30,660	\$1,704 - \$2,555	<b>10%</b>	\$2.00/Hour	\$.06/Mile	\$10.00/Year	\$1.40/Hour
>150% to 200%	\$22,591 - \$30,120	\$1,884 - \$2,510	\$30,661 - \$40,880	\$2,556 - \$3,407	<b>25%</b>	\$5.00/Hour	\$.15/Mile	\$25.00/Year	\$3.50/Hour
>200% and ≤250%	\$30,121 - \$37,650	\$2,511 - \$3,138	\$40,881 - \$51,100	\$3,408 - \$4,258	<b>50%</b>	\$10.00/Hour	\$.29/Mile	\$50.00/Year	\$7.00/Hour
>250%	\$37,651 & Above	\$3,139 & Above	\$51,101 & Above	\$4,259 & Above	<b>100%</b>	\$ 20.00/Hour	\$.58/Mile	\$100.00/Year	\$14.00/Hour

For Title III, the Cost Share percentage is based on the gross income of the qualifying older person(s) as a percentage of Federal Poverty Guidelines and the cost of the service unit. It does not consider any assets, savings or other property owned by the older person(s) and verification of income is not required. NOTE: For Title III-E caregiver services, use the care receiver's household income, not the caregiver's.

***Remember – No one will be denied service based on inability or unwillingness to pay.***

*We Care, Inc.*  
*Cost Sharing Agreement – [XXXX] Services*

Sharing in the cost of We Care's [XXXX] Services is requested and gratefully accepted.

After discussing the cost of service and cost sharing sliding fee scale with the We Care, Inc. staff, decide how much you are able to pay and complete the information below. Thank you!

\*\*\*\*\*

I have been informed of the cost of [XXX] Services provided to me by We Care, Inc. and agree to share in the cost of services in the amount of \$ \_\_\_\_\_ per [XXXX] of service provided. I understand that I will receive a [frequency] cost sharing statement showing the amount of service I have received and the amount I have agreed to pay for the service.

Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

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

Proxy Signature (if applicable): \_\_\_\_\_

Proxy Name (printed): \_\_\_\_\_

Send Statement to (if other than client): \_\_\_\_\_

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

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

We Care, Inc. Staff: \_\_\_\_\_

***Remember – No one will be denied service based on inability or unwillingness to pay.***

*We Care, Inc. – Assisted Transportation Services  
Sharing in the Cost*

Date:  
To:  
From: We Care, Inc. Assisted Transportation Program  
Re: Cost Share Payment

We trust that the assisted transportation service you are receiving from We Care, Inc. is meeting or surpassing your expectations. This service is funded with a combination of federal and local funds, plus cost share payments from service recipients like you.

The cost of the service that you receive is **\$.58** per mile.

Based on your self-declared income, your cost share amount is **[\$.XX]** per mile.

During the month of **[XXXX]** you received **[XX]** miles of assisted transportation. Your total cost share amount is **[\$XX.XX]**.

To make your payment, enclosed is a self-addressed and stamped envelope or you can contact us at **[XXX-XXX-XXXX]** or **[XXX@XXX.XXX]** to make other arrangements.

Remember, service is never denied due to inability or unwillingness to make payment. Information regarding specific payments will remain confidential.

Please contact us at any time with questions or concerns. Thank you for sharing in the cost of assisted transportation services! We look forward to continuing to serve you.



*We Care, Inc. – Homemaker/Chore Services  
Sharing in the Cost*

Date:  
To:  
From: We Care, Inc. Homemaker/Chore Program  
Re: Cost Share Payment

We trust that the homemaker/chore service you are receiving from We Care, Inc. is meeting or surpassing your expectations. This service is funded with a combination of federal and local funds, plus cost share payments from service recipients like you.

The full cost of the service that you receive is \$25.00 per hour.

Based on your self-declared income, your cost share amount is \$X.XX per hour.

During the month of XXXX you received XX hours of homemaker/chore services. The cost to the We Care, Inc. Homemaker/Chore Program was \$XX.XX. Your total cost share amount is \$XX.XX.

To make your payment, enclosed is a self-addressed and stamped envelope or you can contact us at XXX-XXX-XXXX or XXX@XXX.XXX to make other arrangements.

Remember, service is never denied due to inability or unwillingness to make payment. Information regarding specific payments will remain confidential.

Please contact us at any time with questions or concerns. Thank you for sharing in the cost of homemaker/chore services! We look forward to continuing to serve you.

*We Care, Inc. - Caregiver Respite Services  
Sharing in the Cost*

Date:  
To:  
From: We Care, Inc. Respite Program  
Re: Cost Share Payment

We trust that the respite service you are receiving from We Care, Inc. is meeting or surpassing your expectations. This service is funded with a combination of federal and local funds, plus cost share payments from service recipients like you.

The full cost of the service that you receive is \$14.00 per hour.

Based on your care receiver's self-declared income, your cost share amount is [\$X.XX] per hour.

During the month of [XXXX] you received [XX] hours of respite care. The cost to the We Care, Inc. Respite Program was [\$XX.XX]. Your total cost share amount is [\$XX.XX].

To make your payment, enclosed is a self-addressed and stamped envelope or you can contact us at [XXX-XXX-XXXX] or [XXX@XXX.XXX] to make other arrangements.

Remember, service is never denied due to inability or unwillingness to make payment. Information regarding specific payments will remain confidential.

Please contact us at any time with questions or concerns. Thank you for sharing in the cost of caregiver respite services! We look forward to continuing to serve you.

*We Care, Inc. - Caregiver Consultant Services  
Sharing in the Cost*

Date:  
To:  
From: We Care, Inc. Caregiver Consultant Program  
Re: Cost Share Payment

We trust that the respite service you are receiving from We Care, Inc. is meeting or surpassing your expectations. This service is funded with a combination of federal and local funds, plus cost share payments from service recipients like you.

The cost of the service you will be receiving is **\$100.00 per year**.

Based on your care receiver's self-declared income, your total cost share amount is **[\$XXX.XX]** for one year of caregiver consultant services.

To make your payment, enclosed is a self-addressed and stamped envelope or you can contact us at **[XXX-XXX-XXXX]** or **[XXX@XXX.XXX]** to make other arrangements.

Remember, service is never denied due to inability or unwillingness to make payment. Information regarding specific payments will remain confidential.

Please contact us at any time with questions or concerns. Thank you for sharing in the cost of caregiver consultant services! We look forward to continuing to serve you.

*We Care, Inc. – Evidence-Based Programs [be specific, i.e., SAIL, MOB]  
Sharing in the Cost*

Date:  
To:  
From: We Care, Inc. Evidence-Based Programs  
Re: Cost Share Payment

We trust that the WE Care, Inc. evidence-based programs you are participating in are meeting or surpassing your expectations. This service is funded with a combination of federal and local funds, plus cost share payments from service recipients like you.

The cost of the service that you receive is \$50.00 per series.

Based on your self-declared income, your cost share amount for this series is \$XX.XX.

To make your payment, enclosed is a self-addressed and stamped envelope or you can contact us at XXX-XXX-XXXX or XXX@XXX.XXX to make other arrangements.

Remember, service is never denied due to inability or unwillingness to make payment. Information regarding specific payments will remain confidential.

Please contact us at any time with questions or concerns. Thank you for sharing in the cost of evidence-based programs! We look forward to continuing to serve you.

*We Care, Inc. – Caregiver Support Groups  
Sharing in the Cost*

Date:  
To:  
From: We Care, Inc. Caregiver Support Groups  
Re: Cost Share Payment

We trust that the We Care, Inc. caregiver support groups you are participating in are meeting or surpassing your expectations. This service is funded with a combination of federal and local funds, plus cost share payments from service recipients like you.

The cost of the service you are receiving is **\$35.00** per year.

Based on your care receiver's self-declared income, your total cost share amount is **[\$XXX.XX]** for one year of caregiver support groups.

To make your payment, enclosed is a self-addressed and stamped envelope or you can contact us at **[XXX-XXX-XXXX]** or **[XXX@XXX.XXX]** to make other arrangements.

Remember, service is never denied due to inability or unwillingness to make payment. Information regarding specific payments will remain confidential.

Please contact us at any time with questions or concerns. Thank you for sharing in the cost of caregiver support groups! We look forward to continuing to serve you.