CLIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

CHILDREN’S NAMES & AGES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verified Income Status:**

Court or Other Entity Determined Indigent: Yes \_\_\_\_ No\_\_\_\_ N/A\_\_\_\_\_

Proof of Income Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_ No\_\_\_\_ N/A\_\_\_\_\_

TANF: Yes \_\_\_\_ No\_\_\_\_ N/A\_\_\_\_\_

Child Support Documents: Yes \_\_\_\_ No\_\_\_\_ N/A\_\_\_\_\_

Tax Documents: Yes \_\_\_\_ No\_\_\_\_ N/A\_\_\_\_\_

Unemployment or Disability Statement: Yes \_\_\_\_ No\_\_\_\_ N/A\_\_\_\_\_

Based on La Plata County income and federal poverty guidelines, the SEPT program is able subsidize visitation under the following circumstances:

* Client makes less than $34,000 per year
* Client has been released from jail in the last 60 days (incarceration stay must have been 14 days or greater)
* Client lost a job in the last 30 days and is currently unemployed
* Client has been deemed indigent by the court system

The SEPT Program charges $55 per hour per supervised visit and $30 per hour for families who qualify for a sliding scale rate. The sliding scale rate for Safe Exchange is $20. SEPT Program Coordinator will assess sliding scale eligibility upon intake. If income status changes, client must notify the SEPT program coordinator at the next scheduled visit. Failure to disclose a change in income may result in suspension of services until previously discounted services are paid in full. Failure to pay for services previously discounted will result in termination of services. 4 the Children reserves the right to cancel the sliding scale program at any time for any reason, including availability of grant funds for the sliding scale.

I certify that the above information is true. If my income changes I will let the visit supervisor know prior to my next visit

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

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

Supervisor Initials: \_\_\_\_\_\_\_\_\_\_