



# The Ark Family Preservation Center Supervised Visitation Center Client Financial Information and Fee Agreement

Client/Child Name: \_\_\_\_\_

Parent responsible for fees:  Visiting Parent     Custodial Parent     Split Fee

The Ark Family Visitation Center has nominal fees in a sliding fee structure, based upon ability to pay. All cases referred are responsible for paying some portion of the fee for service. Please complete the section below: A, B, or C that most closely represents your employment situation:

### A. Employed Clients

Financial information (Attach Verification)

\_\_\_\_\_ I certify by my signature below that I am currently employed and my

Adjusted Gross Income from most recent income tax report: \$ \_\_\_\_\_

### B. Unemployed Clients

Certification of Unemployment:

\_\_\_\_\_ I certify by my signature below that I am currently unemployed and:

\_\_\_\_\_ I am receiving unemployment benefits due to income from:

Severance pay (\$ \_\_\_\_\_)    Workman's Comp (\$ \_\_\_\_\_)    Other (\$ \_\_\_\_\_)

\_\_\_\_\_ I certify that I have NO source of income.

### C. Self-Employment Clients

Certification of Income from Self-Employment:

\_\_\_\_\_ I certify by my signature below that I am self-employed and earn approximately \$ \_\_\_\_\_ per month

*I certify the income details provided (A, B, or C) are correct and understand that my fee (using the sliding scale) has been based on this amount. If this amount should change in the future, I will notify The Ark Family Preservation Center of the change. I understand my financial circumstances/ income are subject to review on a regular basis with fee changes when applicable.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Based on the information provided above, your intake fee is \$ \_\_\_\_\_ and your fee for supervised visitation is \$ \_\_\_\_\_ per hour OR your fee for monitoring the visitation is \$ \_\_\_\_\_ per hour.