



Family Visitation Program Fee Reduction Application

FIRST NAME: _____

LAST NAME: _____

By signing this form, you acknowledge that you have reported your income sources truthfully and accurately. The Family Visitation Program may also request additional support or documentation to verify information provided on this form.

SIGNATURE: _____

DATE: _____

SUBMITTED WITH APPLICATION: Fee reduction application will not be processed until all required documents have been provided:

Pay stubs from the last 6 weeks for all household members

Copy of award letter or checks for unemployment/disability/food stamps/other government assistance for all household members

If you are not earning any income/assistance, you must provide a written statement in the space provided describing your financial situation and a copy of the most recent bank statement for all household members

If self-employed, copies of most recent 1099 forms AND most recent tax return for all self-employed household members

Household Information

FAMILY STATUS:

Single

Married

Separated

Divorced

Living with partner

Other: _____

LIST ALL PERSONS IN THE HOME REGARDLESS OF AGE OR RELATIONSHIP:

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Employment Information- Job #1- Include work for cash (babysitting, cleaning, yard work, etc)

CHECK IF APPLICABLE

UNEMPLOYED

SELF-EMPLOYED

EMPLOYER: _____ OCCUPATION: _____ JOB TITLE: _____

HOURLY WAGE: \$ _____ HOURS PER WEEK: _____

TIPS (weekly average) \$ _____ **OR** ANNUAL SALARY: \$ _____

Employment Information- Job #2- Include work for cash (babysitting, cleaning, yard work, etc)

CHECK IF APPLICABLE

NO SECOND JOB

SELF-EMPLOYED

EMPLOYER: _____ OCCUPATION: _____ JOB TITLE: _____

HOURLY WAGE: \$ _____ HOURS PER WEEK: _____

TIPS (weekly average) \$ _____ **OR** ANNUAL SALARY: \$ _____

No Income- Fill out this section only if you are reporting that you have no sources of income

DATE OF LAST EMPLOYMENT: _____ LAST ANNUAL SALARY/WAGE/HOURS: \$ _____

Do you have a job?	Yes	Are you looking for a job?	Yes
	No		No

**PLEASE DESCRIBE YOUR
FINANCIAL SITUATION:**

Spouse/Partner- Skip this section if you are not currently living with your spouse or partner

CHECK IF APPLICABLE

SPOUSE UNEMPLOYED

SPOUSE SELF-EMPLOYED

SPOUSE/PARTNER'S EMPLOYER: _____

SPOUSE/PARTNER'S OCCUPATION: _____ JOB TITLE: _____

HOURLY WAGE: \$ _____ HOURS PER WEEK: _____

TIPS (weekly average) \$ _____ **OR** ANNUAL SALARY: \$ _____

Current Household Income Sources- list the total amount of money received each month (before taxes) by everyone in your household from all of the following sources

INCOME SOURCE/AMOUNT PER MONTH

INCOME SOURCE/AMOUNT PER MONTH

Social Security Income (SSI): \$ _____

Social Security Disability (SSDI) : \$ _____

Social Security Retirement (SSA) : \$ _____

SNAP/Food Stamps: \$ _____

Rent Subsidy: \$ _____

TANF/Work First: \$ _____

Child Support Received: \$ _____

Unemployment: \$ _____

Gifts/Payments from Family: \$ _____

Bonuses: \$ _____

Investment Income: \$ _____

Other: \$ _____

Please only use the space below to list additional information that would not fit in the spaces provided above

Additional Employment Information- Job #3- **Include work for cash (babysitting, cleaning, yard work, etc)**

EMPLOYER: _____ OCCUPATION: _____ JOB TITLE: _____

HOURLY WAGE: \$ _____

HOURS PER WEEK: _____

TIPS (weekly average) \$ _____

OR ANNUAL SALARY: \$ _____

Additional People in the Home:

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

FOR STAFF USE ONLY:

TOTAL HOUSEHOLD INCOME = \$ _____

TOTAL HOUSEHOLD SIZE = _____

Qualifies for Fee Reduction? Yes
 No

FEE PER VISIT/EXCHANGE = \$ _____

Program Director Signature: _____

Date: _____