



The Mediation Center
Finding common ground.

July 14, 2015

Dear Families,

The Family Visitation Program is in the process of adjusting our sliding scale fees based on the 2015 Federal Poverty Guidelines. The last change to visitation and exchange fees was in 2011.

Attached is the new sliding scale and application for a fee reduction that will take effect on **September 1, 2015**. In order to qualify for a fee reduction according to the new sliding scale, clients must complete and return the attached form and provide the required verification of income no later than **August 7, 2015**.

All paying clients must provide updated proof of income, regardless of whether or not your fee will change. **Clients who do not provide required verification of income will not be considered for a fee reduction.**

Please note that the number of people in your household is the number of people that are currently living with you in your home.

Please contact me you have any questions about the new sliding scale.

Thank you,

Jessie Rosenberg
Family Visitation Program Director
828-251-6089 ext. 419
jessier@mediatewnc.org



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: _____

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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: \$ _____



Family Visitation Program Sliding Scale for Fee Reduction

Fees for service:

\$90- per supervised visit- Maximum of one hour visit per week provided for reduced fee.

In some cases, additional hours may be available at a non-reduced rate

\$45- per safe exchange

1. Families whose income does not appear on the sliding scale do not qualify for a fee reduction.
2. Fee reductions will only be considered once all required documentation has been received.
3. Unless otherwise court ordered, the visiting parent pays for supervised visitation services.
4. Both parties pay for safe exchange services according to their individual income, unless otherwise ordered by the court
5. If the court orders that two parties parents share/split a fee, each parent will whichever is less: \$45 (half of the full cost of the visit) or the sliding-scale fee based on the individual clients' household income.

Supervised Visitation and Safe Exchange Sliding Scale					
Household Size	0%- 125%	125%-200%	200%-250%	250%-300%	300-375%
Household Income – one person	\$0-\$14,713	\$14,714-\$23,540	\$23,541- \$29,425	\$29,426- \$35,310	\$35,311- \$44,138
With 2 Household Family Members	\$0-\$19,913	\$19,914-\$31,860	\$31,861-\$39,825	\$39,826-\$47,790	\$47,791- \$59,738
With 3 Household Family Members	\$0-\$25,113	\$25,114-\$40,180	\$40,181-\$50,225	\$50,226-\$60,270	\$60,271- \$75,338
With 4 Household Family Members	\$0-\$30,313	\$30,314-\$48,500	\$48,501-\$60,625	\$60,626-\$72,750	\$72,751- \$90,938
With 5 Household Family Members	\$0-\$35,513	\$35,514-\$56,820	\$56,821-\$71,025	\$71,026-\$85,230	\$85,231- \$106,538
With 6 Household Family Members	\$0-\$40,713	\$40,714-\$65,140	\$65,141-\$81,425	\$81,426-\$97,710	\$97,711- \$122,138
With 7 Household Family Members	\$0-\$45,913	\$45,914-\$73,460	\$73,461-\$91,825	\$91,826-\$110,190	\$110,191- \$137,738
With 8 Household Family Members	\$0-\$51,113	\$51,114-\$81,780	\$81,781-\$102,225	\$102,226-\$122,670	\$122,671- \$153,338
Fee per visit/exchange	\$15- visit \$5- exchange	\$20- visit \$10- exchange	\$30- visit \$15- exchange	\$45- visit \$20- exchange	\$60- visit \$30- exchange

**Additional fees may be incurred for services provided outside the scope of visitation or exchange. (i.e, court report preparation, cancellations, etc.)*

Updated and current as of July 2015- based on the 2015 Federal Poverty Guidelines

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