

DOMESTIC RELATIONS COUNSELING BUREAU
227 W. Jefferson Blvd., 8th Floor, County-City Bldg., South Bend, IN 46601
Office: 574.235.9662 Fax: 574.235.5029

Sliding Fee Scale Application Instructions

Please fill out the Sliding Fee Scale application in full. Please be aware that in order for the application to be complete you must provide supporting proof of income documentation for all adults in the home. Please make **copies** of all proof of incomes and attach them to the last page of this application.

Any child listed on the form must live in the home **at least 50% of the time** (the parent has at least 50% custody). Children who visit on weekends cannot be considered household members.

If you need assistance in determining which type of income to list, please see the "Type of Income" chart below "Household Income". For example, if you or any members of your household are employed biweekly you would need to provide copies of two of the most recent paycheck stubs for all adults or the W-2s or the most recent tax forms, including all tax schedule forms.

If there are adults who receive no form of income (including child support, food stamps, disability, retirement, etc.) in the home, or you receive no form of income or assistance, on the front page, write "No income" in the "TYPE OF INCOME" column. On the back side of the application, if it is you who receives no form of income or assistance, initial the first line. If it is another person in your home who receives no form of income or assistance, initial the second line.

Print, sign, and date the application. Send the completed application and **copies** of supporting proof of income to the DRCB office via mail or in person at our office at least five (5) business days prior to your first appointment. Please allow 48 hours before we contact you via phone to verify eligibility status.

Fees are to be paid in cash or by certified check or money order. Fees may be paid in four installments. Fees are non-refundable.

DRCB Sliding Fee Scale Commonly Asked Questions

Who is considered a household member for determining household size?

All persons living in one household are considered household members. Children who visit on weekends will not be considered household members.

If I do not want to divulge financial information am I still eligible for Sliding Fee Scale?

Parties are not obligated or required to participate in the Sliding Fee Scale Program and will subsequently be assessed the full fee for their DRCB services.

If I am self employed or have income derived from a business how is my income calculated and what forms of documentation do I need to submit to apply for Sliding Fee Scale?

If you are self-employed or own a business, proper documentation is a tax return. The line on the tax return labeled as "Adjusted Gross Income" is used to determine income. We would also ask for all supporting schedules as well.

What are missed appointment fees?

If you cancel a scheduled office appointment with less than 24 hours notice, you may be charged \$10. You will be charged \$10 if you fail to show for your appointment without prior cancellation. If you cancel a scheduled home visit appointment with less than 24 hours notice, you may be charged \$25. If a Specialist has scheduled an appointment at your home and you are not there at the appointed time, you will be charged \$25.

Sliding Fee Scale Application

Your sliding fee scale is based on **TOTAL** household income and size. Must have income proof for all adults in the home. **Children cannot be claimed unless parental custody is 50% or more**

Date		Your Cause Number:				
First Name		M.I.	Last Name		Other names	
Home Address		City			State	Zip
Mailing Address		City			State	Zip
Home Phone ()		Cell Phone ()			Other Phone ()	
Marital Status	(Check all that apply)	Single	Married	In Relationship	Separated	Divorced

HOUSEHOLD SIZE		
Full Legal Name	Date of Birth	Relationship to You

NOTE A: To comply with local, state, and federal regulations, it is necessary for us to ask for personal information. Your answers will be kept on file and will not be released without a court order.

NOTE B: A recent Child Support Worksheet containing a Judge's signature may be substituted as income documentation but each party will only be considered a household of 1.

HOUSEHOLD INCOME			TYPE OF INCOME
Name	Amount	Frequency (circle one)	(see chart below)
You	\$	Weekly Monthly Yearly	
Other	\$	Weekly Monthly Yearly	
Other	\$	Weekly Monthly Yearly	
Other	\$	Weekly Monthly Yearly	
Other	\$	Weekly Monthly Yearly	
Other	\$	Weekly Monthly Yearly	
Other	\$	Weekly Monthly Yearly	

EMPLOYED	Weekly – Three consecutive pay stubs/Bi-Weekly – Two consecutive pay stubs, or W-2s or most recent Federal tax return
SELF EMPLOYED	Self Employed – Most recent Federal tax return with supporting schedules Business Income – Most recent Federal Business and personal tax returns
UNEMPLOYED	Unemployment claim determination letter
RETIREMENT	Social Security checks or bank statements showing direct deposits, official documents showing private pension, annuities, or individual Bank and/or investment account retirement accounts statements
INTEREST/DIVIDENDS	Bank and/or investment account statements
ALIMONY/CHILD SUPPORT	Legal documents showing amounts ordered to be paid for support and/or alimony
DISABILITY	Social Security disability checks or bank statements showing direct deposit Private long- or short-term disability insurance checks
PUBLIC ASSISTANCE	Eligibility documents for food stamps, TANF, Hoosier Healthwise, or Medicaid
NO INCOME	No income is received from any source (initial declaration statement(s) on next page)

NO INCOME IS RECEIVED

I HEREBY (Applicant) DECLARE THAT I DO NOT RECEIVE ANY INCOME FROM ANY SOURCE
(Please initial) _____

I HEREBY (Applicant) DECLARE THAT EACH MEMBER OF MY HOUSEHOLD LISTED AS “NO INCOME IS RECEIVED” DOES NOT RECEIVE ANY INCOME FROM ANY SOURCE (Please initial)

I certify that the information provided on this application and all supporting documentation I have given are true and correct to the best of my knowledge. I agree that any misleading or falsified information and/or omissions may disqualify me from further consideration for the sliding fee program and may result in the referral of my documents to an appropriate agency for further investigation. I further agree to inform DRCB if there is a significant change in my income.

I agree to pay the assessed fee in cash or by certified check or money order. I agree that the fee may be paid in four installments, that the fee is non-refundable, and that any balance owed may result in the termination of services and a notice of non-compliance being sent to the referring Court. I further agree and acknowledge that any failure to pay the assessed fee in full may result in legal proceedings against me for the unpaid amount, together with any accrued interest, attorney fees, and/or legal expenses.

I acknowledge that I read the foregoing disclosure and understand it.

DATE: _____ Name (Print): _____

Signature: _____

For Office Use Only

Application Form	Complete	Incomplete	Reason	
Documentation	Complete	Incomplete	Reason	
Discounted Fee	Approved	Fee \$	Date	Staff Initials
	Not approved	Full Fee \$	Date	Staff Initials

Application Form	Complete	Incomplete	Reason	
Documentation	Complete	Incomplete	Reason	
Discounted Fee	Approved	Fee \$	Date	Staff Initials
	Not approved	Full Fee \$	Date	Staff Initials