

## Hubbard House First Step Addendum to Enrollment Form

Name \_\_\_\_\_

County (Circle One)

Duval                  Nassau                  Clay                  Baker                  St. Johns                  Other

### Sliding Scale Fee Determination

Please check the appropriate box and complete that section.

Employed / Full-time (>30 hr/wk) B My total personal **gross annual income** (from all sources) is:

<u>Income</u>	<u>Fee</u>	<u>Income</u>	<u>Fee</u>	<u>Income</u>	<u>Fee</u>
<input type="checkbox"/> Less than \$5,000	<input type="checkbox"/> \$10	\$20,000 - \$25,000	\$30	<input type="checkbox"/> \$40,000 - \$45,000	\$50
<input type="checkbox"/> \$5,000 - \$10,000	<input type="checkbox"/> \$15	\$25,000 - \$30,000		<input type="checkbox"/> \$45,000 - \$50,000	\$55
<input type="checkbox"/> \$10,000 - \$15,000	<input type="checkbox"/> \$20	\$30,000 - \$35,000		<input type="checkbox"/> \$50,000 +	\$60
<input type="checkbox"/> \$15,000 - \$20,000	<input type="checkbox"/> \$25	\$35,000 - \$40,000			

**WEEKLY FEE** \_\_\_\_\_

Employed / Part-time (To Be Filled In By Staff)

Fee will be based on above scale, but fees may be re-evaluated until proof of full-time employment is provided.

Unemployed

Documentation of unemployment status may be obtained through Worksource or submitting a properly completed **First Step Affidavit of Unemployment form**. A termination letter from your employer will also be accepted. The first four (4) weeks fee will be **\$5** a session, this fee will increase to **\$10** a session for the second four (4) weeks and your remaining class fee will be **\$15** per session. This fee structure will remain until your completion of the program or proof of regular full-time employment is received.

Disability or Retired

Fees will be based on the above scale with the following exceptions.

Retirement / disability is less than \$5,000/yr and unable to work - Fee will be \$5/session

Temporary medical disability B If written verification from a physician is provided stating you are unable to work B Fee will be \$5/session until time given by physician expires.

If you feel that your necessary household expenses are more than someone with your income would normally pay you may request a Temporary Fee Adjustment Form. All sources of household income will be required with this form.

### Statement of Understanding, Agreement, and Consent

1. I understand and agree to all terms of the First Step Contract For Participation on the back of the enrollment form.
2. I understand I must provide Hubbard House First Step with documentation of all sources of personal income in order to obtain a sliding fee. If I do not provide this proof, I understand I will be assigned the maximum fee of \$60/session until I provide this proof of income. I understand that providing incomplete or false information in order to obtain a lower fee is a violation of Florida Statute 831.02 and at a minimum I could be terminated from the program and/or give up my right to a sliding fee.
3. I consent to the release of information concerning my status, enrollment date, number of absences, and reasons for change in status to my partner/ex-partner. I consent to the release of the above information, plus class day, time, fee, and case notes to the Judge that hears my case, the State Attorney's Office and my referral source(s) marked on the enrollment form. I consent to First Step and my batterer's assessor exchanging information regarding my assessment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_