



4 the Children

**SUPERVISED EXCHANGE AND PARENTING TIME (SEPT) PROGRAM INCOME VERIFICATION**



Supervised Exchange and Parenting Time

CLIENT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

CHILD(REN)'S NAMES & AGES:  
\_\_\_\_\_

Your GROSS HOUSEHOLD INCOME (*before taxes*): Yearly \$ \_\_\_\_\_ and Monthly \$ \_\_\_\_\_

**Verified Income Status:**

Proof of Income (*attach proof with this document*)

Type: \_\_\_\_\_

The SEPT Program offers a sliding scale schedule that is dependent on the client's income. The SEPT Program Coordinator will assess sliding scale eligibility upon intake and will communicate to the client what amount is owed.

If income status changes, the client must notify the SEPT program coordinator at the next scheduled visit. Failure to disclose a change in income may result in the suspension of services until previously discounted services are paid in full. Failure to pay for services previously discounted will result in termination of services. 4 the Children reserves the right to cancel the sliding scale program at any time for any reason, including the availability of grant funds for the sliding scale.

I certify that the above information is true. If my income changes I will let the visit supervisor know prior to my next visit

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*For Staff to Complete\**

Proof of Income Attached: [ ] YES [ ] NO

Payment/Sliding Scale Bracket: \_\_\_\_\_

Amount Owed (per Visit): \_\_\_\_\_

Invoice Desired: [ ] YES [ ] NO

Program Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_