

# Guardians of Hope



"Helping children maintain hope for their family."

## **ONSITE VISITATION FEE SCHEDULE**

Fees are to be paid in **cash** and are due **prior to services rendered** and **prior to the beginning** of each visit

### **ENROLLMENT & ANNUAL REGISTRATION**

Intake Application Fee Per Party	75.00
Pre-Visit Interview with Children (If Requested, Max 1 hour)	75.00
Annual Registration Fee	25.00*

**\*Due at the first visit of each year beginning January 1, 2017 and continuing thereafter.**

### **ONSITE PRIVATE VISITATION FEES**

Hourly Visitation Fee (2-hour minimum) *	35.00
Report Fee (Per Visit) *	20.00
Hourly Fee for Holidays (List of Holidays attached)	70.00
Armed Security for Private Visit Additional Fee	\$65 each hour

**Private visits or armed security visits are at the discretion of the Executive Director.**

### **GUEST FEES**

Additional Hourly Fee per Guest	5.00
Additional Hourly Fee per Guest on a holiday	10.00
Additional Supervisor Hourly Fee (3 to 5 Guests)	25.00

### **ONSITE 4-HOUR GROUP VISITATION FEES** **INCOME BASED SLIDING FEE SCALE**

Under \$10,000	\$55 per visit
\$10,001 - \$19,999	\$60 per visit
\$20,000 - \$29,999	\$65 per visit
\$30,000 - \$39,999	\$70 per visit
\$40,000 - \$59,999	\$75 per visit
\$60,000 - \$79,999	\$85 per visit
\$80,000 - \$99,999	\$100 per visit
\$100,000 and above	\$110 per visit
Additional Children (3 -5)	\$20 per visit additional
Additional Children (6 +)	\$30 per visit additional
Guest Fee	\$25 per Guest per Visit

All individuals are required to provide proof of income to receive fees in compliance with the Sliding Fee Schedule. If income cannot be verified or the individual refuses to provide verification, the individual will be required to pay fees for income of \$100,000 and above in the amount of \$110 per visit. Income verification may come from your local Work Source, current pay stubs or last year's income tax paperwork.

**LATE FEES – CANCELLATION FEES AND NO SHOW FEES**

**PRIVATE ONSITE VISITATIONS**

Late Arrival up to 10 Minutes late (add \$1 per minute after 10 minutes late)	20.00
<b>NRP Late fees begin at the time of your scheduled arrival and end of visitation time.</b>	
Non-Residential Parent (NRP) Cancellation with less than the required notice	Hourly Fee
Residential Parent (RP) Cancellation without proof of excuse	Hourly Fee
No Call/No Show Fee (Offending Party)	Hourly Fee + Report Fee

**GROUP VISITATIONS**

Late Arrival for NRP beginning at 7:40 AM (add \$1 per minute after 7:40 AM)	20.00
Late Arrival for RP after 10 Minutes (add \$1 per minute after 10 minutes late)	20.00
NRP Cancellation of Group visit after 5 PM Thursday prior to visit	40.00
RP Cancellation of Group visit without proof of excuse	40.00
No Call/No Show Fee for Group visit (Offending Party)	50.00

**NON-COMPLIANCE FEES**

**Violations of the Contractual Guidelines** **\$25 (Per Occurrence)**

**COURT FEES & REPORT FEES**

Court Appearance / Subpoena / Deposition Fee (Minimum Charge) **	250.00
Court Appearance / Subpoena / Deposition Fee (Attendance of over 3 Hours) **	400.00
Reports Without 15 Days Advance Notice ( <b>Per Visit</b> paid 2 days prior to court)	20.00

**SPECIAL SERVICES**

Supervised Exchange Fee (per exchange)	55.00
Hourly Fee for Meetings or Consultations*	35.00
Monitored Phone Calls (30 minutes or less) ***	20.00

**ADDITIONAL SUPERVISOR**

The **need for additional supervisors** is at the discretion of the Executive Director and **on visits** where there are **3 or more guests present**. In some cases, two or more supervisors will be required on visits because of the **number of children** in the family, or **the behavior of the visiting parent or children during the visit**.

**PLEASE NOTE**

**The fees listed above are subject to change or modification with respect to the severity of the case, safety concerns, etc. The minimum court fee of two hundred and fifty dollars (\$250) is to be paid to Guardians of Hope either prior to the court appearance or given to the supervisor upon their arrival to court.**

\*Hourly fees charged to the Client responsible for payment. The Report Fee is per visit.

\*\***Fee charged per day to the Client whose attorney makes the request for the court appearance or issues subpoena.** In the case where both attorneys request a Guardians of Hope supervisor's appearance the fee will be split between the two clients.

\*\*\*Fee must be paid by the client making the call prior to the phone call being made.

**Holidays Observed**

New Year's Day	Mother's Day	Yom Kippur
Valentine's Day	Memorial Day	Thanksgiving (Max 4 hours)
Good Friday	Father's Day	Hanukkah
Palm Sunday	Fourth of July	Christmas Eve
Passover	Labor Day	Christmas Day (Max 4 hours)
Easter	Rosh Hashanah	New Year's Eve

In signing this document, I acknowledge that I have read, understand and agree to pay the fees listed herein in accordance with the schedule and requirements as stated.

_____	_____
Name of Participant	Date
_____	_____
Signature of Supervisor or Executive Director	Date

2211 RAYFORD RD., STE. 111#22  
SPRING, TX 77386  
OFFICE: 713.542.1110  FAX: 281.350.9373  
WEB SITE: [www.guardiansofhopetx.com](http://www.guardiansofhopetx.com)