

## Fourth District Family Court Services Funding Application

Please complete and sign this form. **Incomplete applications will not be approved.** Allow at least five business days for processing. You will receive an email confirming your financial eligibility and referral to the provider.

How do I return my completed form?

Email: Send to [speel@adacounty.id.gov](mailto:speel@adacounty.id.gov)

Fax#: (208) 287-7609

Questions: call us at (208) 287-7600

Website: <https://adacounty.id.gov/judicial-court/magistrate-court/family-court-services/>

Printed Legal Name:

Phone Number:

Case Number:

Email Address:

### Service Type

☐ Mediation / Provider Name:

☐ Parenting Classes:

☐ Parenting Time Evaluation:

☐ Brief Focused Assessment:

☐ Supervised Visitation / Provider Name:

Reunification Therapy / Provider Name:

Therapeutic Supervised Visitation / Provider Name:

### Review and Initial Below

- 1) Federal Poverty Guidelines are utilized to determine financial eligibility.
- 2) I have minor child(ren).
- 3) Funding is only available for court-ordered services.
- 4) I must use a provider that is approved by the Idaho Supreme Court and whom agrees to set service fee rates.
- 5) Funding is not guaranteed. Sometimes money is not available. If funding runs out, funding will not continue.
- 6) I am responsible to pay my fee portion that is not covered by the Family Court Services Fund.
- 7) I am responsible for scheduling and keeping all appointments. If I violate the provider's policies, my funding authorization may be terminated.
- 8) Funding is not retroactive. Services are covered from the approved date of application going forward.
- 9) I understand that Family Court Services, Fourth Judicial District, and the Idaho Supreme Court make no express or implied guarantees, regarding services, performance, or conduct of service providers funded by the Family Court Services Designated Fund.

Signature

Date

## INCOME INFORMATION

### A. ALL HOUSEHOLD MONTHLY INCOME BEFORE TAXES

You must include the income of all adult household members.

Incomplete applications will be denied.

- 1) Wages, salary, commissions, bonuses, rent received:
- 2) Other State/Federal income, Worker's comp, Unemployment Disability, or veterans' benefits:
- 3) Alimony Received (average each month):
- 4) Other Income:

**INCOME SUBTOTAL** (add lines A1 - A4):

### B. DEDUCTIONS FROM MONTHLY INCOME

- 1) Actively Paid Child Support:
- 2) Actively Paid Alimony
- 3) If self-employed, 50% of self-employment social security tax:

**DEDUCTION SUBTOTAL** (add lines B1 - B3):

### C. ASSETS

- 1) Cash Available (in-hand or in banks):

**ASSET SUBTOTAL**

**INCOME TOTAL** (Subtract Subtotal B from Subtotal A):

**NUMBER IN HOUSEHOLD** (all adults and children):

**With my signature, I truthfully declare that the above information is correct to the best of my knowledge.**

**Signature**

**Date**