

Supporting Hands Family Center Agreement for Exchanges

559-237-1692

(Note: all Fees are to be paid on time before services begin)

It is agreed that each Parent/Guardian and the Professional Provider make every effort to ensure child(ren) and visiting parent have a safe and enjoyable visit/exchange. To do so the following procedures must be followed:

Name: _____ Case # _____

Email: _____

Phone # 1 _____ Phone #2 _____

Attorney name _____ Attorney phone number _____

Other party name _____ Other party phone number _____

Special need for child _____

Name of minor child(ren) and DOB.:

_____	_____
_____	_____
_____	_____

Emergency Contact:

Name: _____ phone #: _____

Fees for Service:

- A) I agree to pay \$35 for intake registration fee.
- B) I agree to pay \$30 per exchange (unless court order authorizes payment by other party)
- C) If I or my attorney Subpoenaed the provider, I agree to pay \$300 in advanced, per day served. (Additional \$150 per person if more than one provider).
- D) I agree if I am running late to a exchange, I will call Supporting Hands Family Center to notify them. After a five-minute grace period, I agree to pay \$1 per minute. Time of appointment will NOT be extended past original end time due to tardiness.

- E) I agree if I cancel within 24 hours of next exchange, I will pay full price of the originally scheduled exchange. If I cancel within 48 hours, I will pay ½ of the original exchange appointment price.
- F) Reports will be completed upon a written or verbal request by the parent or attorney requesting. A summary report consists of a list of visitation dates, duration of visits and any cancellations. A detailed report gives a list of visitation/exchanges time, dates and details of each appointment.
1. Summary report within a 10+ day request - \$30 (15 or less appointments)
 2. Summary report within less than 10-day request - \$45 (15 or less appointments)
 3. (Exchanges) Detailed reports:
 - Less than 10: (\$6 each)
 - 10 or more: (\$4 each)
 - Rush fee:
 - Needed within 3 days or less: (\$3 additional per report)
 - Needed within 4-6 days: (\$2 additional per report)
 - Needed within 7-10 day: (\$1.50 additional per report)
 - Needed within 11-13 days: (\$1 additional per report)
 - Needed 14+ days in advanced (No rush fee)

Note: We do not accept requests for reports further than 30 days in advanced. Reports will be typed up, up to the day you requested the report. Any further days wanted beyond the day you requested, must be requested separately.

Initial: _____

- H) If child is showing signs of heavy distress and/or no desire to continue exchange, we will NOT force child to perform visit. Exchange will be cancelled while full fees of scheduled exchange is still required. (This rule does not apply to children 3 years and younger are carried over even if they are crying).
- I) No process servers. If service is performed at facility, there will be a \$75 fee as well as only one warning before termination.
- L) Holiday hours are 10am to 6pm. Your recurring appointments are not included on the holidays specified below. A separate appointment must be made 2 weeks in advanced if your exchange lands on one of the holidays listed below.

(Holidays include: New Years, Easter, 4th of July, Thanksgiving, Christmas eve, and Christmas.)

- M) If payment is made late, a \$10 fee will be added to owed balance
- N) All credit/Debit card payments will have an automatic 3.99% fee added to them when used at the agency. Cash is still accepted and will have no fee added when used. No checks will be accepted.
- O) All fees are to be paid within 2 weeks of occurrence. Failure to do so will result in being removed off schedule.
- P) Owing fees over \$15 may result in removal from schedule until fee's are caught up. If this is to happen, Supporting Hands will contact you and notify you of removal. If you have been removed off schedule for failing to pay fees in time, you must pay your entire fee. You will no longer be able to be backed up on fees for one month after being added back on schedule.

Initial: _____

Supervised Visitation/exchange guidelines:

The following must be avoided:

- a) Inappropriate touching of the child(ren) body.
- b) Inappropriate demands for physical contact.
- c) Use of foul language.
- d) Shouting or yelling at anyone.
- e) Threat of physical abuse or violence to anyone.

Initial: _____

1. Parents and/or designees must avoid each other completely.
2. There will be no correspondence or messages to the other parents or other children by means of child(ren), provider, etc.

3. Providers will only exchange information in regards to the child(ren) medical needs or visitation/exchanges. Only prescription medication may be sent in pre-measured doses.
4. Custodial and visiting parties are responsible to meet the needs of the child(ren), while the children are in each individual's care.
5. Parents must not discuss anything pertaining to court
6. Parents shall not speak negatively about the other parent, or the other parents' friend/family in front of the children. Concerns should be addressed independently during office hours.
7. Parents must not question the child(ren) about the other parents' activities, or whereabouts.
8. Parents are to speak only the language that the supervised visitation monitor is fluent in during visits/exchanges.
9. No weapons, or any article that could be used as a weapon, is not permitted
10. SHFC is a smoke free environment.
11. Parents shall provide and maintain current copies of court orders relevant to any services provided by supporting hands.
12. All persons transporting children must provide and maintain current copies of driver's license with Supporting Hands.
13. Parent must provide and maintain current contact information with Supporting Hands.
14. Supporting Hands does not provide any child care services, therefore requires at least one parent, or other assigned guardian present with child at all times.
15. Non-compliance with policies or challenging SHFC staff may lead to termination with no refund.
16. Parents shall not coach, lead, or manipulate child.
17. Supporting Hands Family Center and RobertDBA2z properties is not responsible for any injuries on property or negligent act of persons on property. They are also not liable for any damage to personal property.
18. Failure to appear within 20 minutes, of appointment with no call, will result in cancellation and full fees charged to the parent who did not make an appearance. If court order states otherwise, SHFC will enforce court orders rules on when parties are released.
19. There are no changes in supervised exchange schedule unless approved by the court and/or the provider. Changes to schedule must be done one week in advance and must be with consent from both parents.
20. Do not ask for opinion of monitor on personal matters.
21. No relationship between monitor and parent

22. No asking for change of scheduling in front of children
23. No spanking, hitting, or threatening the child
24. Parents and/or designee must not remain in agency parking lots beyond designated time.
25. Any question about exchanges or rules of exchanges, must be asked away from the child(ren).
26. Parties are to arrive at staggard times apart by 15 minutes. Parties can only come up to 10 minutes early. SHFC will inform parties of their designated arrival times.
27. If fees aren't caught up within 2 weeks, you will be removed off schedule.
28. Must stay on the inside of the red line at all times, out of door way.

Initial: _____

Terminating service:

The provider reserves the right to refuse access, cancel, or terminate a visit or all services.

Confidentiality:

- a) No privilege of confidentiality exists between me and the provider. This includes, but is not limited to any communication of any form.
- b) The observation notes during exchanges will be shared when:
 - i. Requested by the court, mediator, court investigator, or evaluator in conjunction with a court ordered mediator, investigation or evolution.
 - ii. Required by child protective services.
 - iii. Required by law enforcement agency.
 - iv. When a report is requested by either party or their attorney.
- c) In addition, my case file may be reviewed during an evaluation by the evaluator or attorney.
- d) The provider will keep identifying information such as, addresses, place of work, phone numbers, etc. confidential. This information will not be included in any reports except

when ordered by the court, reporting child abuse or to police agencies in the event of abduction.

Initial: _____

Note: if these rules are violated for any reason, the visit may be terminated. If the child becomes upset and/or wishes not to continue the visit, the visit may be terminated. In both cases, all parties will be notified. Fees are not refundable.

This agreement for service has been explained to me and I agree to and understand the terms and conditions listed above. I have been given a copy of this agreement. I understand that failure to comply may result in immediate withdrawal of services being offered.

Parent signature _____ Date _____

Parent name (print) _____ Date _____

Provider sig. _____ Date _____

Provider name _____

Date copy received by parent _____