



RAMP's Youth Education Advocacy Plan & Pricing

Effective **August 1, 2018**, RAMP will be charging a fee when a family requests educational advocacy.

One Time, Free Consultation:

Families seeking consultation on a one time only basis will not be charged for the first **90 minutes**. Any services requested after this One Time Consultation, will be considered billable. This consultation will include up to a 90 minute meeting with an educational advocate who will provide the family with information, action steps to take, and a follow-up call once the action steps are taken. Independent Living Skills Training, Peer Support, and Information & Referral services are not billable as these services are covered by other funding sources.

Hourly Rate/Request for Reduction in Rate:

For any educational advocacy services provided after the One Time consultation, will be billed at the rate at \$40 per hour. A family may qualify and apply for a reduced rate. This fee includes all emails, conference calls, school meetings, documentation, and discussions held with or on behalf of the family. If the educational advocate needs to travel to a meeting they will also be billed for travel time at the above rate.

Reduced Rate:

Families who have Medicaid or Managed Care through Medicaid and/or who receive SNAP/TANF funds will be billed at the rate of \$10 per hour. If this rate causes undue hardship on a family, they may apply for further reduction in rate.

Families, who do not have Medicaid/MCO or SNAP/TANF benefits, may apply for a reduced rate.

To qualify for a reduced rate, a family must complete the Application for Reduction in Youth Education Advocacy Fees (on back side of this form) and submit proof of need as stated on form.

If a student is eligible and approved for Pre-Employment Transition Services through Illinois Department of Rehabilitation, fees will be waived until those funds are exhausted.

Retainer/Payments:

Families will pay a retainer to RAMP for a minimum of 2 hours of service. RAMP will bill first to the retainer. Upon depletion of the retainer, the family will pay additional fees, if any, upon presentment of a billing statement. Future requests for services will be pre-paid in a minimum of 2 hours. Retainers are refundable ,by request, if unused.

Payment may be accepted in the form of cash, check, or credit card. Check or Credit Card payments must be cleared prior to services rendered.

Ongoing Services:

Families will be billed on the 15th day of the month following the date of service. RAMP will make every effort to minimize charges that are billed to families. You will not be charged per email or per call, but rather the time spent in total per day, in 15 minute increments.

RAMP Application for Reduction in Youth Education Advocacy Fees

To be eligible for reduced fees, applicants must reside in RAMP’s service area (Boone, DeKalb, Stephenson, and Winnebago counties). RAMP believes a strong sense of ownership is developed if the recipient contributes to the cost of their services; therefore applicants will be expected to pay something towards their fees. Reduced fees are awarded for a one-year period and families must reapply after their award expires.

For families who provide proof of Medicaid, SNAP and/ or TANF benefits will be automatically eligible for a reduced hourly rate of \$10. If this rate causes undue hardship, please complete the form in its entirety.

If household does not receive one or more of the above benefits, please submit the following:

- Most recent income tax return (will be reviewed and returned to you).
- Proof of income for all working household members; proof of household income received from other sources such as: child support, SSI/SSDI, Unemployment, etc.

Household Member Name	Date of Birth	Relationship to Student

**Additional family members should be attached to a separate page.

Please indicate: Number of household members: _____ Adjusted Gross Income (per tax return)\$ _____

Any extenuating circumstances we should consider: _____

Are you willing to volunteer/participate in one or more of RAMP’s fundraising events to assist in covering the costs of your service (please circle)? **YES NO UNSURE**

I certify that the above information is true and complete to the best of my knowledge. I agree to inform RAMP immediately of any change to my income or family size. I understand that false or incomplete information could jeopardize my fee reduction. I understand it may take RAMP up to 10 business days to review my application.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:	Verification Signature: _____	Date: _____
___ Approved ___ Denied	Approval Signature: _____	Date: _____
Approved Rate: \$	Comments:	