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. This meeting will be limited to 90 minutes, so that you get the information you need we strongly encourage you to provide the documents outlined in the Pre-intake letter, a week prior to your meeting. Independent Living Skills Training, Peer Support, and Information & Referral services are not billable as these services are covered by other funding sources. *If you cannot attend your scheduled appointment, please contact the YEA at least 1 day prior to cancel or reschedule. If you choose not to do so, please note you will be billed at $10 late fee. Your appointment will not be rescheduled until this fee is paid.*

**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 **$20 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. Suggested proof includes a budget worksheet that demonstrates income vs. expenses, proof of all family income, written statements of unique situations and any documentation that may validate such situation.

If a student is eligible and approved for Fast Track Services through Illinois Department of Rehabilitation, advocacy fees will be waived until those funds are exhausted.

**Retainer/Payments:**
Families will pay a retainer to RAMP for a minimum of 3 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 3 hours. Retainers are refundable, by request, if unused within 30 days of case closure. 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 (unless otherwise noted and agreed upon) 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 $20. 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 ALL income for all household members; proof of household income received from other sources such as: child support, SSI/SSDI, Unemployment, etc.
- Optional: Budget Worksheet demonstrating all household income minus expenses.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Date of Birth</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>STUDENT</td>
</tr>
</tbody>
</table>

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

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

Please indicate how much per hour you can pay for this service: $_____

Any extenuating circumstances we should consider:________________________________________________________
__________________________________________________________________________________________________

**Please attach additional information to validate need.**

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  Contact # or email __________________________

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: __________________

Signature: _________________________________________________________  Date: ______________________

FOR OFFICE USE ONLY:  Verification Signature:_______________________________  Date: __________

Approved ___ Denied  Approval Signature:_______________________________  Date: __________

Approved Rate: $___________  Comments: