

# FCS Funding Application

Please complete this form in its entirety. Incomplete applications will NOT be approved.

Please allow at least three business days for processing. Once your application for funding has been processed, both you and your designated provider will receive an email notification of your funding status.

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\* Required

1. Case Type: \*

*Mark only one oval.*

Family Court (ie: divorce, modifications)

Guardian and Conservatorship *Skip to question 2*

## Background Information

2. Name: \*

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3. Preparer:

If an advocate or attorney is assisting you in completing this application, please list their name below. Otherwise, please leave this field blank and continue to the next question.

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4. Phone: \*

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5. Case Number: \*

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6. Petitioner: \*

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7. Respondent: \*

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8. County: \*

*Mark only one oval.*

- Adams
- Canyon
- Gem
- Owyhee
- Payette
- Washington

#### Background Information (cont.)

9. I am requesting funding assistance for: \*

Only court ordered services are eligible for Family Court Services funding assistance.

*Check all that apply.*

- Child Custody Mediation
- Parenting Time Evaluation
- Brief Focused Assessment
- Supervised Visitation
- Bridging Two Homes

10. Name of service provider: \*

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**Funding  
Eligibility  
Criteria**

Please read through the following statements carefully:

Funding is only available to parents who meet Family Court Services financial eligibility standards and have dependent, minor children.

Funding is only available for services that have been ordered by the court.

Funding applicants must choose a service provider from the list provided by Family Court Services and/or the Idaho Supreme Court.

Family Court Services funding is not guaranteed. Even though a funding applicant may be eligible for funding assistance according to Federal Poverty Guidelines, monies may be unavailable.

If funding becomes unavailable for any reason, funding for the court ordered service will cease.

Funding applicants are responsible for fees charges by the service provider that are not paid/covered by Family Court Services.

Funding recipients are responsible for making and keeping all appointments with the service provider. Funding may be terminated should the recipient fail to keep scheduled appointments, after which the recipient will then be responsible for any other provider fees/costs incurred.

Funding recipients' provider expenses incurred prior to Family Court Services' processing of their application will not be eligible for financial assistance and/or reimbursement.

Funding is limited and maximum amounts are pre determined by guidelines set forth by the Third Judicial District of Idaho and the Idaho Supreme Court.

Family Court Services, the Third Judicial District of Idaho, and the Idaho Supreme Court make no guarantees, express or implied, regarding services, performance, or conduct of service providers funded through the Family Court Services Designated Fund.

11. I have read and agree to abide by the above mentioned terms and statements. \*

Mark only one oval.

Yes, I agree. Skip to question 12

No, I do not agree. Skip to section 5 (Your application cannot be processed.)

Your application cannot be processed.

Abiding by the terms and statements listed on the previous page is what allows Family Court Services to continue in its requests for funding, which is then passed along to parents in the form of financial assistance for court ordered services.

If you wish to continue your funding application, please press the back arrow on your navigator and agree to the terms and statements.

If you do not agree to abide the terms and statements listed on the previous page, you may exit this form now. Your answers have not been recorded and will subsequently be deleted from our system.

Income Information

This form differs from your Affidavit Verifying Income required to compute child support. According to the policies of this fund, if you have remarried, re-partnered, or live with your parents, YOU MUST INCLUDE THE INCOME OF ALL ADULT MEMBERS of the household.

If any of the questions below do not apply to you or the answer is "none," please enter 0.

Persons knowingly providing false information may be subject to penalty of perjury, pursuant to the law of the State of Idaho.

12. A1. Gross monthly total of wages, salary, commissions, bonuses, and/or rent RECEIVED: \*

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13. A2. Gross monthly total of any other state or federal income, worker's compensation, unemployment, disability, or veteran's benefits RECEIVED: \*

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14. A3. Gross monthly total of alimony RECEIVED: \*

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15. A4. Gross monthly total of any other income RECEIVED: \*

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16. A5. Gross monthly income subtotal (add lines A1 through A4): \*

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17. B1. Amount of child support and/or alimony PAID monthly: \*

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18. B2. If self employed, enter 50% (one half) of your self employment Social Security taxes. If you are not self employed, enter 0. \*

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19. B3. Deductions subtotal (add lines B1 and B2): \*

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20. Monthly adjusted gross income (subtract lines B3 from A5): \*

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This form differs from your Affidavit Verifying Income required to compute child support. According to the policies of this fund, if you have remarried, re-partnered, or live with your parents, YOU MUST INCLUDE THE ASSETS OF ALL ADULT MEMBERS of the household.

**Assets**

If any of the questions below do not apply to you or the answer is "none," please enter 0.

Persons knowingly providing false information may be subject to penalty of perjury, pursuant to the law of the State of Idaho.

21. Cash available (in-hand and/or in banks): \*

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**Household Size**

Household size included adults and children who reside with you at least 50% of the time.

22. Number in household including self: \*

*Mark only one oval.*

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15+

**CERTIFICATION UNDER PENALTY OF PERJURY**

23. By typing my name below, I am certifying under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct. \*

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