

# Client Application Packet

**Welcome to CASA of Larimer County!**

CASA of Larimer County exists to provide a voice in court for abused and neglected children and a safe place in the community for conflict-free interactions. We accomplish that mission through our two programs; Court Appointed Special Advocates (CASA) and Harmony House. Harmony House provides a neutral setting for visitation and exchange services between children and their parents following a divorce, foster care placement or other legal action separating children from their parents. Harmony House staff and volunteers are here to monitor, intervene when necessary, and create a conflict-free environment for all. Each family is screened by Harmony House to determine if their situation is appropriate for the services of the program.

Harmony House is designed to support the individual safety, accountability and healthy relationships between children and their parents. We are a domestic violence victim and child focused service that seeks to promote safety and improve parent-child bonds. Successful visits are demonstrated by children being responsive to parents, parents being attentive to their children’s needs and emotions, and mutual enjoyment of parents and children during the visit.

This program has been providing a safe space for conflict-free family interactions in Northern Colorado since 1993.

Our team makes sincere effort to treat every client with respect and professionalism. In return, we expect you to treat all members of our staff with the same courtesy and help us create a conflict-free environment for everyone.

Please read through the following information and complete the application to begin the application process. If you have any questions, please contact Harmony House program staff. We look forward to serving you and your child(ren).

Sincerely,

CASA of Larimer County Administration

**Explanation of Services**

* **Supervised Visit:** During a supervised visit, a visitation supervisor is present in the visiting room but will not participate in the visit. The visitation supervisor will, however, intervene if there is a question as to the child’s comfort level and/or the safety of the child. Factual documentation of the visit will be written during the visit, will be reviewed by staff and, upon request, sent to both parties, attorneys, caseworkers, Guardians ad Litem and other parties involved. This type of visit may also be available over Skype, or a similar online video visitation method.
* **Monitored Visit:** During a monitored visit, a family remains on site during the visit time but there is not a supervisor present at all times. A supervisor checks on the family every 20 minutes and factually documents what is observed. This documentation will be reviewed by staff and, upon request, sent to both parties, attorneys, caseworkers, Guardians ad Litem and other parties involved.
* **Exchange:** During an exchange service, staff provide a safe and neutral environment for custodial and non-custodial parents to arrange drop off and pick up times for children which eliminate direct contact between parents. Documentation of exchanges will be written at the time of the exchange by staff and, upon request, sent to both parties, attorneys, caseworkers and other parties involved.

An exchange service is a resources for families when there is a divorce or separation in which the adults:

1. are unable to negotiate a reasonable and workable schedule for exchanges,
2. are unable to adhere to plans,
3. have difficulty keeping their behavior toward each other within appropriate bounds,
4. have a restraining order involving the parents, then, using Harmony House as a safe, neutral place to do exchanges may be in the best interest of the child(ren).

The Harmony House program is a member of the Supervised Visitation Network. For more information, go to [www.svnetwork.net](http://www.svnetwork.net).

**Application Process**

1. **Submit application packet**.

Your application packet should include:

* Client application and $10 application fee that must be paid prior to scheduling an orientation.
* Court documents: Court Order and/or Restraining Order (if you have one). Any Court orders and restraining orders relating to the case must be provided with the application and a copy will be maintained in the client file
* Proof of Identification: Driver’s License, military ID, etc.

**Please call or email us to schedule a time to drop off your application packet. Harmony House is open during the following hours by appointment only.**

**Harmony House Location &Hours of Operations**

3105 E. Harmony Road

Fort Collins, CO 80528

(970) 223-5966

FAX (970) 282-0662

[fchh@casalarimer.com](mailto:fchh@casalarimer.com)

|  |  |
| --- | --- |
| Monday | 3:00 PM - 8:30 PM |
| Tuesday | 3:00 PM - 8:30 PM |
| Wednesday | 3:00 PM - 8:30 PM |
| Thursday | 3:00 PM - 8:30 PM |
| Friday | 3:00 PM - 8:30 PM |
| Saturday | 8:30 AM – 4:30 PM |
| Sunday | 11:00 AM- 7:00 PM |

1. **Schedule an orientation.**

Both parties must return applications before orientations will be scheduled. After both parties have submitted their applications and fees, staff will contact each party to schedule separate orientations for each party on different days. This time is for you to provide the specific reasons your family is setting up services and to address any concerns you may have.

**\*Please do not bring children to your orientation.**

1. **Attend orientation**

A $45 orientation fee will be collected from each party. If during the orientation process a family is found ineligible for services, the $45.00 fee will not be refunded. If a referral is submitted by DHS, you will not be responsible for this fee. Please have all documents prepared prior to your orientation:

Bring proof of income to your orientation. Fees for visit and exchange services are assessed on a sliding scale based on proof of income provided and/or court order. Acceptable forms of proof of income include financial affidavits proving yearly gross household income and dependents claimed (in the form of tax returns, current employer pay stubs, court-ordered financial affidavit, public assistance forms or other suitable documentation). Bank statements are NOT an acceptable form of proof of income.

1. **Schedule visits or exchanges.**

After both parties have completed orientations and agree to set up services, Harmony House staff will contact each party to schedule services. Both parties must agree to the scheduled time in order to begin services.

\*Documentation for clients who do not complete the orientation process will be destroyed after 12 months.

**Service Fees**

**All fees are required to be paid at the time services are provided and are non-refundable.** Payments are accepted in the form of cash, credit card or money orders. Payments may also be made over the phone. C**hecks are not accepted as a form of payment.** If a family becomes delinquent in their fee payment, they, their attorneys and caseworker will be notified that services are suspended. All fees must be paid in full prior to services being reinstated. If there is a waiting list, the family will be placed on the bottom of it and will wait until services can be rescheduled.

1. **Application fee:** There is a $10.00 application fee required when you bring, email, mail or fax your application in. No application will be processed without the fee. Foster Parents and Kinship Providers are exempt from fees if a referral is submitted by DHS.
2. **Orientation fee:** There is a $45.00 orientation fee for each partyfor the initial screening process and opening of a case file.
3. **Supervised & Monitored Visit fees:** The fee for a 2-hour supervised visit is $80.00 and $70.00 for monitored visits. A sliding scale, based on annual gross income, is available if you choose to provide proof of income during orientation or as your financial situation changes. Unless the Court order states that one party is responsible for paying the full fee, both parties must agree on payments of fees, whether one party is responsible or if fees are split between parties. These arrangements will be determined prior to services starting and will be recorded in the case file.

All clients **referred by Larimer County Department of Human Services will be charged a co-pay of $5.00** for each visit once Harmony House has received a referral from the Caseworker.

1. **Exchange Fees:** $24.00 for a full Exchange – (exchanging twice within one day) $12.00 for one half – (one exchange in one day).
2. **Subpoena Fee:** If either parent or attorney subpoenas a CASA of Larimer County staff member as a witness in their case, that parent will be required to pay CASA of Larimer County a **non-refundable fee of $200** when the subpoena is served. This total includes a two-hour court preparation fee and two-hour witness fee based on $50.00 per hour. Additional time and mileage will be billed following the hearing and must be paid within one week of the Court appearance. **No staff will appear without a subpoena.**

**CLIENT APPLICATION**

*Please Print or Type.*

**Applicant Information**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(street & apt. #) (city, state, zip)

Okay to leave a message? Please circle.

Phone Number: (home) (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

(work) (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

(cell) (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

Vehicle: model/year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_plate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ color \_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of, or are you currently under investigation for, a sexual offense? \_\_\_\_\_\_\_\_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross household income (before taxes): yearly $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or monthly $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Services Requested**

(Please circle) Supervised Visitation Monitored Visitation Exchanges

What is the primary reason you are using this service? (domestic violence, substance abuse, child abuse or neglect)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of other party involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone who will be participating in the have a communicable disease? (ex. HIV, hepatitis, etc.)

YES \_\_\_\_\_ NO \_\_\_\_\_ if yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever used Harmony House services before? \_\_\_\_\_\_\_\_\_ If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child(ren)**

First & last name: lives with you? date of birth gender ethnicity\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Y / N \_\_\_\_\_\_\_\_\_\_\_\_\_ M / F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Y / N \_\_\_\_\_\_\_\_\_\_\_\_\_ M / F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Y / N \_\_\_\_\_\_\_\_\_\_\_\_\_ M / F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*ethnicity is used for statistical purposes only

Please list any special needs, allergies, medical conditions or special instructions for the above children.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Parties**

Court Case #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Judge or Magistrate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caseworker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Ad Litem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized to Transport: YES NO Authorized to Transport: YES NO

**\*A COPY OF DRIVERS’ LICENSE AND CURRENT CAR INSURANCE IS REQUIRED PRIOR TO TRANSPORTING CHILDREN\***

**AGREEMENT & GUIDELINES REGARDING SERVICES**

## The following guidelines must be followed at all times. Failure to follow these guidelines will result in the interruption of services and may result in termination of services at Harmony House. The undersigned parent, legal guardian or other party (hereinafter referred to as “Parent”), in consideration of receiving services of the CASA of Larimer County Harmony House program or in consideration of his/her children receiving services, hereby agrees as follows:

(Parent to review & initial each point of agreement)

\_\_\_\_\_To abide at all times by the items in this Agreement.

\_\_\_\_\_That services provided will be determined by Harmony House staff based on the availability of staff and volunteers as well as capacity of time and space. Court orders will be accommodated as closely as possible. Harmony House reserves the right to set or change the hours of operation and to limit or expand the number of visits per time slot.

\_\_\_\_\_To pay the associated fee at the time of the designated service. The associated fee is determined by Harmony House staff based on proof of income provided by the Parent. If no proof of income is provided, the Parent agrees to pay the full fee unless otherwise stated in court or DHS documentation. Upon termination of services, fees must be paid in full. If you become delinquent in the payment of fees, your services may be suspended until full payment is received. Time slots will not be reserved during suspension for delinquent accounts. I understand that a $200 subpoena fee will be charged to my account if my attorney or I subpoena CASA of Larimer County staff or documentation.

\_\_\_\_\_Harmony House staff reserves the right to accept or deny the services of each party who applies to receive services. If there is a concern regarding the safety of the children, staff, volunteers or other families, Harmony House staff may choose deny or suspend services at any time.

\_\_\_\_\_This Agreement may be terminated by representatives of CASA of Larimer County with or without cause for any reason and at any time.

\_\_\_\_\_Weapons (including anything that can be used as a weapon), drugs and alcohol are strictly prohibited.

\_\_\_\_\_Harmony House reserves the right to search person or property at any time for any or no reason. If you choose to decline, you will be asked to leave the property immediately and may have services terminated.

\_\_\_\_\_To treat Harmony House and its entire property as a safe and conflict-free environment for everyone. **There is a zero tolerance for all forms of aggression and incidents of aggression may result in removal from the property and suspension and/or termination of services.** Examples of aggressive behavior include but are not limited to: verbal harassment in person or on the phone, abusive language including cursing or swearing at parents or staff, sexual language directed at others, threats, physical assault, and failure to respond to staff instructions or redirections. Administration supports staff in maintaining a conflict-free environment for all.

By signing below, I affirm I have received, reviewed and agree to the application process, services fees and agreement & guidelines regarding services as outlined in the Client Application Packet. I further affirm I have provided accurate and complete information in my Client Application and understand that not doing so may result in denial or termination of services.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), have read all pages of the Client Application packet and agree to the conditions and guidelines contained therein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLC staff signature Date

**Please keep pages 1-4 of the application packet for future reference and submit pages 5-7 along with additional required documentation to being the orientation process.**