

**CATHOLIC CHARITIES FEES AND REFUND POLICY**  
**Fees are due prior to initiation of service and will not be waived or reduced.**

“√” <u>Service</u>	<u>Fee</u>	<u>Refund Policy</u>
<input type="checkbox"/> INTAKE MEETING/APPLICATION FEE (Includes Home Study Packet).....	\$100.00	No refund
<input type="checkbox"/> DOMESTIC HOME STUDY (Due prior to initial home visit).....	\$1,000.00	Up to 7 days of receipt of check and prior to initiation of study - \$800.00 After 7 days of receipt of check - no refund
<input type="checkbox"/> INTERNATIONAL HOME STUDY (Due prior to initial home visit).....	\$1,500.00	Up to 7 days of receipt of check and prior to initiation of study - \$1,200.00 After 7 days of receipt of check - no refund
<input type="checkbox"/> UPDATE HOME STUDY (1 office visit)..... (if original is less than 4 years old and completed by Catholic Charities)	\$500.00	Up to 7 days of receipt of check and prior to initiation of study - \$350.00 After 7 days of receipt of check - no refund
<input type="checkbox"/> SUPPLEMENTAL ADDENDUM..... (example: needs new criminal background checks)	\$150.00	No refund
<input type="checkbox"/> POST PLACEMENT ..... (must be paid prior to visit)	\$200.00 per visit	If visit completed, no refund
<input type="checkbox"/> OUT OF COUNTY TRAVEL .....	\$35.00 per visit	If visit completed, no refund
<input type="checkbox"/> AGENCY LIAISON FEE..... (for self-matching family)	\$100.00	If visit completed, no refund
<input type="checkbox"/> INTERSTATE COMPACT PLACEMENT SERVICES...	\$400.00	No refund
<input type="checkbox"/> FEDERAL EXPRESS FEE.....	\$30.00	No refund
<input type="checkbox"/> DUPLICATION & MAILING.....	\$25.00	No refund
<input type="checkbox"/> RELATIVE, STEP-PARENT..... Relative = niece, nephew, grandchild, great niece, great nephew, great grandchild, blood relative (Intake Meeting/Application Fee not required)	\$250.00	If visit made, no refund
<input type="checkbox"/> <b><u>CATHOLIC CHARITIES INFANT PLACEMENT PROGRAM FEES:</u></b>		
<input type="checkbox"/> IN-PROCESS FEE ..... (At approval)	\$1,000.00	Paid at approval of home study
<input type="checkbox"/> PLACEMENT FEE **.....	12% of gross income (minimum fee: \$8,000.00)	Due within 30 days of placement and is non-refundable
<input type="checkbox"/> FOSTER CARE .....	\$30.00 per day	Due at the end of every 7 days of care

Fees may be changed without prior notice.

**\*\*Fee does not include any medical costs for the infant or birthmother in the Catholic Charities Infant Placement Program.**

**We accept Visa, MasterCard, and Discover.**

**Nonpayment of fees due will result in termination of services.**

## CATHOLIC CHARITIES PROGRAM FEES AND REFUND POLICY

**(Please keep the listing of fees and refunds and return this form with your other documents to CATHOLIC CHARITIES)**

I/We \_\_\_\_\_ / \_\_\_\_\_

have read and understand the CATHOLIC CHARITIES PROGRAM FEES AND REFUND POLICY. I/we understand that if I/we have any questions regarding these fees or the refund policy, I/we may speak with a CATHOLIC CHARITIES representative.

I/We \_\_\_\_\_ / \_\_\_\_\_

also understand that the payment of these fees does not automatically guarantee an approved home study or report.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date