



Catholic Social Services of Washtenaw County

Alternatives to Domestic Aggression

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REQUEST FOR TUITION REDUCTION

Your request for a Tuition reduction will not be considered **until** this Request form is **filled out completely** and you have **stapled your documentation** of the expenses you are claiming below to this form. Remember you must make your own copies and any originals you turn in, will not be returned to you. Once you have done this, everything must be placed in an envelope with your facilitators name on it.

- 1. Name: _____
- 2. Birth date: ____/____/_____
- 3. My monthly income: \$ _____
- 4. Date submitted to ADA: ____/____/_____
- 5. My current Tuition = \$ _____
- 6. My proposed Tuition = \$ * _____
- 7. My probation officer's name and Court is: _____
- 8. I am on session # _____ in the ADA Program.

** Proposal's below \$20.00 may require you to participate in volunteer work for ADA. Also, you will be expected to pay at least the proposed amount for sessions attended until a decision on your request is made.*

My monthly expenses ~ Be specific

You must provide copies of all of the expenses listed here. Attach additional sheets as necessary

3. Amount Paid:	Paid to:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Why I feel I deserve a change in my tuition:

5. My level of interest in using the ADA Program to help me with the actions and beliefs that brought me here.

(circle one):

No Interest Whatsoever

High Level of Interest

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

+ Do not fill out the other side of this form unless it is completed by ADA Staff

TUITION CHANGE AGREEMENT

+ Do not fill out the this side of this form unless it has been completed by ADA Staff

FOR STAFF USE ONLY

Name: _____ Date submitted to ADA Staff: ____/____/____

Previous tuition: \$ _____ Proposed Tuition: \$ _____ New Tuition: \$ _____

New tuition begins on ____/____/____

- APPROVED at the rate you proposed (pending any conditions indicated below).
 APPROVED at a different rate than you proposed (pending any conditions indicated below).
 DENIED on ____/____/____ for the following reason(s): _____

CONDITIONS

This new tuition amount will remain in effect until ____/____/____, at which time it will revert back to the previous amount of \$ _____, unless negotiated otherwise in the meantime.

This new tuition amount will be reviewed at the first group meeting of each month. If that review does not take place, at the Service Participant's initiation, the tuition rate will automatically revert back to the previous amount of \$ _____.

Other: _____

I attest that all of the information I have provided in requesting a Tuition Reduction is true and complete regarding my income and expenses. I am familiar with the ADA Program's Tuition and Tuition Reduction Policy and agree that this Agreement shall be governed by it. I consent to the above tuition calculations and understand that my attendance in the ADA Program will be governed by them unless some other documented change is negotiated. If I fail to comply with this agreement, my tuition amount will automatically revert back to the highest level assessed.

Service Participant Signature

____/____/____
Date

ADA Administration Signature

____/____/____
Date