

Fee Adjustment Application

| Mailing Address: City: Prov.: Postal Code: Home Number: Cell Number: Best way to contact you: Home Phone Cell Phone Email select the clinic service type from the options below and describe the type of service beigned and Language Services: (e.g. Assessments, Intervention, Workshops, etc.) Speech and Language Services (e.g. Assessments, Intervention, Workshops, etc.) Sehold Composition: Name Relationship Age Monthly Income Employed Yes | lient's Name: | · | | Date: | | | |
|---|---|---|-----------------|-------------------------|---|--|--|
| City: | lame of parer | nt/legal guardian (if | applicable): _ | | | | |
| Best way to contact you: Home Phone Cell Phone Email select the clinic service type from the options below and describe the type of service being select the clinic services: (e.g. Assessments, Intervention, Workshops, etc.) Psychological Services: (e.g. Assessments, Intervention, Workshops, etc.) Speech and Language Services (e.g. Assessments, Intervention, Workshops, etc.) Sehold Composition: Name | /lailing Addre | ss: | | | | | |
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| Name Relationship Age Monthly Income Employer | ehold Compos | sition: | | | | | |
| Yes | 1 | | | | Curron | 41.7 | |
| Yes | Name | Relationship | Age | Monthly Income | | • | |
| Yes Yes | Name | Relationship | Age | Monthly Income | Employ | ed? | |
| Yes Yes | Name | Relationship | Age | Monthly Income | Yes Yes | ed? No No | |
| Household Monthly Total \$ | Name | Relationship | Age | Monthly Income | Yes Yes Yes | ed? No No | |
| Household Monthly Total \$ rernment Funding and Services use include all assistance you/your family is receiving: Ontario Works ax Benefits Yes Yes Yes Yes Yes Yes Yes Y | Name | Relationship | Age | Monthly Income | Yes Yes Yes Yes Yes | ed? | |
| Household Monthly Total \$ | Name | Relationship | Age | Monthly Income | Yes Yes Yes Yes Yes Yes Yes | ed? No | |
| Household Monthly Total \$ Pernment Funding and Services Use include all assistance you/your family is receiving: Ontario Works Sax Benefits Household Monthly Total \$ (Monthly Amount) \$ \$ | Name | Relationship | Age | Monthly Income | Yes Yes Yes Yes Yes Yes Yes Yes Yes | ed? No | |
| ax Benefits \$ | Name | | | | Yes | ed? No N | |
| · | rnment Fundi | Household Mo | onthly Total \$ | g: <u>(Mon</u> | Yes | • | |
| ssistance to Unildren with Severe Disabilities (AUSD) \$ | rnment Fundi e include all as tario Works | Household Mo | onthly Total \$ | g: <u>(Mon</u> | Yes | ed? No | |
| Ontario Disability Services Program (ODSP) \$ | rnment Fundi e include all as tario Works k Benefits | Household Mong and Services ssistance you/your fa | onthly Total \$ | g: <u>(Mon</u> ** \$\$_ | Yes | ed? No N | |

Workplace Insurance Workplace Safety & Insurance Board (WSIB)

| Government Funding and Services (Continued) Please include all assistance you/your family is receiving: | | <u>(Mo</u> | nthly Amount) |
|--|------------------------|----------------------------|---|
| Other: | | \$ | |
| Other: | | \$ | |
| Other: | | \$ | |
| If you do not receive Ontario Works have you applied? | Yes | No | Not eligible |
| If you do not receive Tax Benefits have you applied? | Yes | No | Not eligible |
| If you do not receive ACSD have you applied? | Yes | No | Not eligible |
| If you do not receive ODSP have you applied? | Yes | No | Not eligible |
| If you do not receive VAC have you applied? | Yes | No | Not eligible |
| If you do not receive WSIB have you applied? | Yes | No | Not eligible |
| Do you receive any coverage through a private insurance Has your family work status or income changed over the If yes, please provide details below and how this impacts | past year | | No |
| | | | |
| | | | |
| ignatures: | | | |
| | correct, an | d complete | to the best of my ability. |
| signatures: certify that the information provided on this application is true, Parent/Guardian/Substitute Decision Maker | | · | |
| certify that the information provided on this application is true, | essment(it of bene | s) from the | Date:e Canada Revenue Agencactive benefits. |
| certify that the information provided on this application is true, Parent/Guardian/Substitute Decision Maker Please provide a copy of your most recent Notice of Assund copies of your most recent cheque stub or statemer Thank you for completing the application. The Administrative Of | essment(It of bene | s) from the fits for all a | Date: Date: e Canada Revenue Agence active benefits. vithin 3-5 days of the date the |
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| certify that the information provided on this application is true, arent/Guardian/Substitute Decision Maker | essment(it of bene | s) from the fits for all a | Date: Date: |