

Policy on Fee Adjustment Program

Policy Effective August 1, 2018

The Child and Youth Development Clinic is a cost neutral clinic. We are dependent on our service fees to cover our operating expenses. Service fees also provide an opportunity to offer a sliding fee scale to our community and families based on financial need and personal financial circumstances. At the CYDC, our goal is to work collaboratively with our families to determine a fee schedule that meets the needs of the clinic and each family.

Fee Adjustment Program (FAP)

1. This policy provides general, minimum requirements for a fee adjustment review for clients at the Child and Youth Development Clinic
2. The FAP provides a discount to clients at the Child and Youth Development Clinic that applies to a client's self-pay charges for services rendered based on yearly income and family size.
3. Thorough and consistent guidelines for the FAP will ensure that all clients who request a fee adjustment are treated in a fair and equal manner.
4. The FAP must not duplicate existing government and community support programs. Families should access available community services before submitting an application.
5. The application for FAP must be submitted and approved before services are received.
6. The Child and Youth Development Clinic's ability to fund eligible applicants depends on the availability of funds. The amount of the discount may vary, based on the type and cost of services being provided.
7. All sources of income must be declared and supporting documentation provided.
8. Client receiving services will work directly with the Office Manager to develop an appropriate payment schedule.
9. Fees must be paid in full before the Final Report is delivered.

Application Procedures

1. Complete the FAP application form. All sections must be completed or marked with N/A if it does not apply to you or your family. Please indicate if your family receives Psychological Services as part of benefit coverage.
2. Sign and date the application.
3. Provide a copy of your most recent Notice of Assessment(s) from the Canada Revenue Agency.
4. If you are receiving any assistance, please provide a copy of your most recent cheque stub or statement of benefits, for example Tax Benefits, Ontario Works, Assistance to Children with Severe Disabilities (ACSD), Ontario Disability Services Program (ODSP), Special Services at Home (SSAH), Veterans Affairs Canada (VAC), Workplace Safety & Insurance Board (WSIB) or any others.
5. If no income is declared, a letter stating how expenses are being met in the absence of any income.
6. All income will be verified annually for clients who are eligible for the Fee Adjustment Program.
7. Completed applications with supporting documentation will be accepted in person, by mail or email.
8. The Office Manager will review the applications and in most cases, communicate the final decision within one week of the date that the application was received.

For further information, please contact Leesa Couper, Office Manager by phone at 519-661-4257 or email at lmcouper@uwo.ca

Fee Adjustment Application

Contact Information:

Client's Name: _____ Date: _____

Name of parent/legal guardian (if applicable): _____

Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home Number: _____ Cell Number: _____

Email Address: _____

Best way to contact you: _____ Home Phone _____ Cell Phone _____ Email _____

Please select the clinic **service type** from the options below and describe the **type of service** being provided.

☐ Psychological Services: (e.g. Assessments, Intervention, Workshops, etc.)

☐ Speech and Language Services (e.g. Assessments, Intervention, Workshops, etc.)

Household Composition:

Name	Relationship	Age	Monthly Income	Currently Employed?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Household Monthly Total \$ _____

Government Funding and Services

Please include all assistance you/your family is receiving:

(Monthly Amount)

Ontario Works \$ _____

Tax Benefits \$ _____

Assistance to Children with Severe Disabilities (ACSD) \$ _____

Ontario Disability Services Program (ODSP) \$ _____

Veterans Affairs Canada (VAC) \$ _____

Workplace Insurance Workplace Safety & Insurance Board (WSIB) \$ _____

Government Funding and Services (Continued)

Please include all assistance you/your family is receiving:

(Monthly 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 plan? Yes _____ No _____

Has your family work status or income changed over the past year? Yes _____ No _____

If yes, please provide details below and how this impacts your financial situation.

Signatures:

I certify that the information provided on this application is true, correct, and complete to the best of my ability.

Parent/Guardian/Substitute Decision Maker _____ Date: _____

Please provide a copy of your most recent Notice of Assessment(s) from the Canada Revenue Agency and copies of your most recent cheque stub or statement of benefits for all active benefits.

Thank you for completing the application. The Office Manager, Leesa Couper, will contact you within 3-5 days of the date the application was received.

Front Office Use ONLY

Reviewed date: _____ Signature: _____

Approval Type: _____

Criteria and eligibility are subject to change without notice by the Child and Youth Development Clinic.