

Cleveland State University ~ Speech and Hearing Clinic
Request for Reduction of Fees

Term/Year _____

NOTE: For ongoing clients, an updated request form must be submitted before May 1st of each consecutive year. If any change in financial status occurs *before* then (e.g. income, number in household, employment status, etc.), an updated *Request for Reduction in Fees* application must be submitted within one month of that change.

Client's Name _____ Date of Birth _____

Individual completing this form: _____

Relationship to client: _____

If client is a minor, Parent/Guardian Name(s) _____

Client/Parent/Guardian's Employer(s) _____

Is the client/parent/guardian a CSU Student?

_____ No

_____ Yes ⇒ If yes, how many credit hours are you currently registered for? _____

List the annual **Gross Income** for your household, as reported on your most recent Federal Income Tax form. Include all household income sources (for client, parents and/or guardian). Be sure to attach proof of income, such as a photocopy of a pay stub, W-2 form, or Federal Income Tax form. (Please **delete all social security numbers**.)

(1) \$ _____ (2) \$ _____ (3) \$ _____

Total number in household (total family size): _____

Number of dependents, as reported on Federal Income Tax form: _____

Dependents' names and ages: _____

The above information is accurate as of this date. I understand that providing any false information or failing to report changes in this client's financial status will result in full fees being charged for services.

X _____ Date _____
Signature

For office use only

Fees are reduced to _____% of the full fee:

Therapy: \$ _____	Hearing Evaluation: \$ _____
Diagnostic/Evaluation: \$ _____	Other: _____ \$ _____

Fees authorized by: _____ Date _____