



Self-Pay Service Fee Determination Form

Date form completed

Client's Name

**Person Responsible for
Payment**

**Income from primary
employment (monthly)**

**Income from other sources of
employment (monthly)**

**Income earned by other adults
in the home (monthly)**

**Number of adults living in your
home**

**Number of children living in
your home**

To support your request for reduced fee, you must provide your two most recent paycheck stubs. If you are not employed, please provide the two most recent statements for other sources of income, such as unemployment insurance, disability benefits, social security, etc.

With this form I am providing my two most recent paycheck stubs or two other forms of income documents	yes
	no

To support your request for a reduced fee, you must also provide the two most recent checking and savings account statements. A computer screen print out is sufficient.

With this form, I am providing the required bank statements	yes
	no

If you are unable to provide the requested income and bank documentation, please explain why not.

I attest that all of the requested information I have provided is accurate and true

yes
no

Signature and Date

For office use only

The per session fee has been determine to be:

Name and date of staff making determination: