



## Fee Waiver/Reduction Request Form

Client Name: \_\_\_\_\_ Client ID (if known): \_\_\_\_\_

**Family Foundations of Northeast Florida, Inc.** (Family Foundations) is committed to providing you with quality and affordable services to maximize your potential to lead a better life. To that end, no client will ever be refused counseling due to an inability to pay, due to income level and/or hardship situation.

Family Foundations offers a fee waiver based on your current household income if it is less than 150% of the poverty guidelines, updated periodically in the Federal Register by the U.S. Department of Health and Human Services. The current guidelines are attached for your reference.

To request a fee waiver/reduction, please provide information on your household size and family income. You must submit at least 2 forms of proof of income from the list below. Family Foundations will not request unreasonable documentation requirements

Number of Individuals in Household: \_\_\_\_\_ Current Annual or Monthly Income: \_\_\_\_\_

- Pay Stubs for the last 30 days
- Self-Employment Income
- Court Order for Child Support
- Court Order for Alimony
- Unemployment Award Letter
- Social Security, SSI or SSD award letter
- Veterans or Pension Benefit Letters
- Letter from your attorney certifying your income
- SNAP Determination Letter or Budget

My income is 150% or less of Federal poverty guidelines and I wish to be considered for a fee waiver/reduction for the program indicated below.

My income is over 150% of Federal poverty guidelines, but I am experiencing a financial hardship. I wish to be considered for a fee waiver/reduction for the program indicated below.

- Bankruptcy Counseling and Education
- Financial Wellness Services
- Family and Individual Counseling Services

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR INTERNAL USE ONLY:

Approved: \_\_\_\_\_ Y \_\_\_\_\_ N Date: \_\_\_\_\_ By: \_\_\_\_\_

Alert message established Initial: \_\_\_\_\_

Description posted in client data system: Initial: \_\_\_\_\_

- Below appropriate poverty guidelines for household size
- Hardship
- Other