



## **Financial Hardship Application**

Thompson Counseling & Consulting (TCC) strives to serve and offer all clients regardless of their ability to pay for Counseling and mental health services. We understand that for some, receiving counseling services can be seen as a privileged expense. At TCC, we strive to offer high counseling services that ensure equitable access that allow for all clients to get the counseling support that they need. To that end, TCC will assist those clients who are experiencing significant financial hardship through reduced fee charges. TCC practitioners will follow strict guidelines to provide financial assistance to those who qualify. This financial hardship application does not apply to any other services unless approved by the Chief Mental Health Officer (CMHO), Stephen Thompson.

### **Eligibility Criteria**

Clients are eligible for fee reduction if:

- Through their application form and documents presented, they are able to show that they are unable to pay the full fee for services.
- They have been unemployed for a period of 6-8 months due to the pandemic.
- They have been unemployed for a period of 12+ months due to ongoing impacts of Hurricane Dorian or other natural disasters.
- Other scenarios as assessed by the CMHO.

### **Length of Eligibility**

A client who has met requirements of eligibility for up to 6 months. If during that 6-month period the client's financial situation has changed, the client/guardian must report this to the clinician at the next counseling session (for example, a client who previously applied for financial hardship due to unemployment, and now found consistent). The Chief Mental Health Officer will work with the client/guardian to make the appropriate changes to the fee being charged. It is important to abide by the honor system in this regard. A reduction of fees is to ensure equitable access to counseling services so those that are unable to afford services, and clients that have varied reductions allow for services to continue to be equitable.

### **How Fee Reduction Will be Calculated**

- Clients/Guardians must provide supporting documents indicating the level of income. Supporting documents may include:
  - Paystub
  - Employer verification of compensation letter
  - Unemployment/NIB payment stub
  - Document of need received from a church official, or a local relief organization
  - Other official documents that may include financial hardship (i.e.: medical bills with significant balance due, utility bills with significant balance due)

The client/ guardian is to complete and return the attached application in order to request for assistance. Questions concerning this process may be directed to the Chief Mental Health Officer.



**Clients are eligible for fee reductions based on two factors:**

Financial hardship due to low income:

1. In this case, annual household income is based on the income of all adults (18 years of age or older) living within the client's household
2. Clients may receive financial assistance based on documented expression of other aspects of cumulative household income.

Financial hardship due to significant medical bills or other personal expenses unrelated to the services provided by TCC.



## Financial Hardship Application

Client Name \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Guardian (If under age 18): \_\_\_\_\_

Relationship: \_\_\_\_\_

Number of family members living in the household: \_\_\_\_\_

Employer: \_\_\_\_\_

If unemployed, how long: \_\_\_\_\_

Other Family members' employers:

\_\_\_\_\_  
\_\_\_\_\_

### Total Month Family Income by Source:

- ☐ Patient: \_\_\_\_\_
- ☐ Spouse: \_\_\_\_\_
- ☐ Domestic partner: \_\_\_\_\_
- ☐ Mother: \_\_\_\_\_
- ☐ Father: \_\_\_\_\_
- ☐ Children working who contribute to family income: \_\_\_\_\_
- ☐ Unemployment Benefits: \_\_\_\_\_
- ☐ Child Support: \_\_\_\_\_
- ☐ Social Security Benefits: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ TOTAL MONTHLY HOUSEHOLD INCOME

*By providing this information, you hereby state that the information that you have provided is true and correct. You further acknowledge that the information provided is only to be used for the purposes of the Financial Hardship Application and is bound by confidentiality and will not be shared or discussed outside of processing this application.*

\_\_\_\_\_  
Signature of person requesting assistance

Date: \_\_\_\_\_

Printed Name

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