



Financial Hardship / Sliding Scale Fee Application

For Immigration Mental Health Evaluations

Thank you for your interest in a reduced fee for immigration evaluation services. Our practice offers a limited number of reduced-fee appointments based on financial hardship. Completion of this form does **not guarantee approval**. All information will be kept confidential.

Please complete the form and attach financial evidence of hardship (most recent taxes, 2/4 recent paystubs, banking statement, etc).

Client Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Type of Immigration Evaluation Requested:

Hardship Waiver

T-Visa

VAWA

Cancellation of Removal

U-Visa

Other: _____

Household Information

Number of people living in your household (including yourself): _____

Number of dependents you financially support: _____

Marital Status:

Single

Partnered

Married

Separated / Divorced

Employment & Income

Current Employment Status:

Full-time

Unemployed

Part-time

Unable to work

Self-employed

Student

Employer Name (if applicable): _____

Monthly Household Income (before taxes):

- | | |
|--|--|
| <input type="checkbox"/> \$0 – \$1,000 | <input type="checkbox"/> \$3,001 – \$4,000 |
| <input type="checkbox"/> \$1,001 – \$2,000 | <input type="checkbox"/> \$4,001+ |
| <input type="checkbox"/> \$2,001 – \$3,000 | |

Other Sources of Income (if applicable):

- | | |
|--|--|
| <input type="checkbox"/> Family support | <input type="checkbox"/> Cash employment |
| <input type="checkbox"/> Government assistance | <input type="checkbox"/> Other: _____ |

Monthly Expenses (Approximate)

Rent / Mortgage: \$ _____
Utilities: \$ _____
Food: \$ _____
Transportation: \$ _____
Medical expenses: \$ _____
Other major expenses: \$ _____

Financial Hardship Explanation

Please briefly explain your current financial situation and why you are requesting a reduced fee.

Agreement

I certify that the information provided is true to the best of my knowledge. I understand that submission of this application **does not guarantee approval of a reduced fee** and that decisions are made at the discretion of the practice.

Client Signature: _____

Date: _____



Hardship / Sliding Scale Policy

Our practice is committed to increasing access to immigration mental health evaluations for individuals experiencing financial hardship. A limited number of reduced-fee appointments may be available each month through our hardship or sliding scale program.

Clients requesting a reduced fee must complete a **Hardship / Sliding Scale Application** prior to scheduling or confirming their evaluation appointment. Approval is based on financial need, available appointment slots, and the discretion of the evaluator.

Please note the following policies regarding reduced-fee services:

Limited Availability

Sliding scale appointments are limited each month. If all reduced-fee slots are filled, applicants may be placed on a waitlist or offered the standard fee.

Application Review

Submission of a hardship application does **not guarantee approval**. Each request is reviewed individually based on reported income, household size, and financial obligations.

Deposit Requirement

A non-refundable deposit may be required to secure an evaluation appointment, even when a reduced fee is granted.

Payment Responsibility

The total approved fee must be paid before the final written evaluation report is released unless otherwise agreed upon in writing.

Scope of Service

Reduced fees do **not** change the quality, thoroughness, or scope of the evaluation. All clients receive the same professional services regardless of payment level.

Documentation

In some cases, clients may be asked to provide supporting documentation related to income or financial hardship. Documentation may include pay stubs, tax returns, or proof of unemployment; however, documentation is not always required.

Right to Decline or Modify

The practice reserves the right to decline or modify sliding scale requests at any time based on availability or incomplete information.

By signing this informed consent, the client acknowledges understanding of the hardship and sliding scale policy.

Client Name: _____

Date: _____

Client Signature: _____