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| **Hardship/Fee Reduction Application**  *(Request for a reduction of $105 fee/$20.20 out of pocket cost)*  For Psychological Consultations with Treehouse Psychology | | Date: | |
| Name of Proposed Client: | | Age of Proposed Client: | |
| Name of Applicant: *(If the proposed client is a child the application must be made by the parent/guardian.* | | | |
| Clinic Location: | | | Client’s Postcode: |
| How would you describe your household:   * Two parent household with adult (income earning) child/ren * Two parent household with dependent adult child/ren * Two parent household with dependent children (under 18 years old) * Sole parent household with adult (income earning) child/ren * Sole parent household with dependent child/ren (under 18 years old) * Couple (no children reside in the home) * Single person living alone * Adult child living with parent/s * Single person living in a Sharehouse\* (answer the household income question with your personal income only) * Other (please provide detail):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Sources of household income (choose all that apply):   * Disability Support Pension * Other Pension or Benefit (e.g. Newstart, Aged Pension) * Carer Allowance * Paid employment * Reportable fringe benefits * Compensation payments * Superannuation * Investments * Trust * Other (please provide detail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Sources of proposed client’s income (choose all that apply)   * Dependent child under 16 (no personal income) * Dependent spouse (no personal income) * Disability Support Pension * Other Pension or Benefit (e.g. Newstart, Aged Pension, Youth Allowance, Austudy) * Family Assistance * Paid employment * Compensation payments * Superannuation * Investments * Other (please provide detail):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Number of Members of the Household: | Number of Dependents: | | |
| Fortnightly Mortgage/Rental Payment (given as a figure less any rental assistance): | | | |
| Is the client the recipient of NDIS Funding: Yes/No | | | |
| Annual Household Income (before tax):   * 0-$18,200 * $18,201-$37,000 * $37,001-$75,000 * $75,000 - $90,000 * $90,000-$120,000 * $120,000-$150,000 * $150,000+ | | | |
| Annual Personal Income (proposed client; or if client is a child the applicant; before tax):   * 0-$18,200 * $18,201-$37,000 * $37,001-$55,000 * $55,000-$75,000 * $75,000-$100,000 * $100,00-$150,000 * $150,000+ | | | |
| What out of pocket cost (gap) might be affordable for you? *(please tick)* $5 $7 $10 $12 $15 $0 | | | |
| Please indicate *(please tick)* whether the difficulty in affording the $20.20 out of pocket cost is due to: having to pay the full amount upfront;  having to pay anything (a gap); both;   Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| If you only had to pay an out of pocket cost (gap) for the initial consultation and any subsequent consultations were bulk-billed what out of pocket cost might be affordable for you?  $15 $20 $30 $40 $50 $0 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| If you believe that the information above does not adequately reflect your capacity to pay an out of pocket cost and/or you believe further information is relevant to support your claim of hardship/the need for fee reduction, please feel free to provide further information:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| I declare that:   * the information provided in this application is an accurate indication of my/my household’s financial situation and circumstances. * I will advise Treehouse Psychology if my/our household financial situation changes altering the need for a reduced fee. * I am aware that should I be found to be misleading in my representation of my/our financial situation that the reduced fee can be withdraw and the standard fee will then apply for future consultations.   Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |