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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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| 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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| 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+
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| 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+
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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |