

**NORTH SHORE COUNSELING  
2014 FEE REDUCTION APPLICATION**

1. Applicant's Name (Responsible party) \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

4. Applicant requests session fee of \$150 be reduced to (Circle one):    \$125    \$100    \$75    \$50

5. List name, date of birth, social security number and monthly income **from ALL sources for each dependent or household member including applicant:**

	NAME	DATE OF BIRTH	SOCIAL SECURITY	MONTHLY INCOME
1				\$
2				\$
3				\$
4				\$
TOTAL MONTHLY INCOME:				

6. Are you presently receiving food stamps? Yes \_\_\_ No \_\_\_  
If yes, indicate number \_\_\_\_\_

7. Has anyone in your household recently had a significant loss in income? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_

8. Has there been a severe illness or injury in the family? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_

9. Has there been a major financial loss due to fire, flood, storm damage or emergencies? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_

10. Do you own over \$5,000 liquid assets (cash, bank accounts, stocks, bonds, money market accounts, beneficial interests in trusts, individual retirement accounts, annuities, pensions, and/or profit sharing plans)? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_

11. Are you receiving child support or other monies for subsistence for the child or children for which waiver of fees is sought? \_\_\_\_\_ If so, list type and amount \_\_\_\_\_

12. Are you (or your child) currently receiving any benefits under any state or federal public assistance/welfare? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_

I have read the foregoing application and my answers are true to the best of my knowledge and belief. I understand that any false statements knowingly made shall subject me to prosecution under relevant State and Federal laws. I understand that I am required to notify North Shore Counseling in the event my income increases more than \$50 per week or that circumstances prevail which materially impact the information provided in this application.

\_\_\_\_\_  
Applicant Date

SUBSCRIBED and SWORN to before

me this \_\_\_\_\_ day of \_\_\_\_\_,  
(year)

This application will remain in effect for the balance of the calendar year unless withdrawn. A new application must be filed each year.

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**Please submit proof of ALL income, along with a copy of your most recent federal income tax statement, including attachments, along with this complete, notarized form to Victoria Fleming, Ph.D., LCPC, Executive Director, North Shore Counseling, 425 Huehl Rd., Building 19B, Northbrook, IL 60062. Missing information will delay processing or invalidate your application. Income includes the following:**

**Earnings from Work**

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Net income from self-owned business or farm

**Pensions/Retirement/Social Security**

- Pensions
- Supplemental security income
- Retirement income
- Veteran's payments
- Social Security

**Welfare/Child Support/Alimony**

- Public Assistance payments
- Welfare payments
- Alimony/child support payments

**Other Income**

- Disability benefits
- Cash withdrawn from savings
- Income from estates/trusts/investments
- Regular contributions from person not living in household
- Net royalties/annuities/net rental income
- Any other income

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FOR OFFICE USE ONLY

Eligibility determination    APPROVED \_\_\_\_    DENIED \_\_\_\_    TEMPORARILY UNTIL \_\_\_\_\_  
Reason for denial \_\_\_\_\_  
Change in status (Reason) \_\_\_\_\_  
Date \_\_\_\_\_    Date Withdrawn \_\_\_\_\_  
If approved, reduced rate per session \_\_\_\_\_

Signature of determining officer \_\_\_\_\_ Date \_\_\_\_\_