

**Warren Township Youth Services**  
**847-244-1101 ext. \*401 (phone) / 847-244-0867 (fax)**

**Fee Reduction/Debt Forgiveness Application**

Youth Services/Teen Center clients may request a reduction in their fee for counseling, Teen Center, FNA and other vital services based on need.

**Counseling:** The adjustment in fees will be based on the use of a sliding scale, but other factors may be taken into consideration.

**Groups, FNA, Teen Center and other services:** The reduction begins at 50%.

**Teen Centers:** The Teen Centers will separately review the form to determine the reduction.

The director may request proof of income via pay stubs, tax returns, or any reasonable documents. Clients may also request an adjustment or special arrangement regarding debt/outstanding balance.

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

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Email \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Primary Phone # \_\_\_\_\_

My family is seeking assistance for the following service(s).

- Counseling Services    Group or other service    FNA    Debt Forgiveness    Teen Center

Program or Service Name (This section is for groups, FNA, and all services besides counseling.)	Program Fee/Debt Owed	If I cannot afford the standard reduction of 50%, how much can I afford?	Office Use Only (how much will the client be expected to pay)
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

**Household Income**

Does anyone in your household receive income from any of the following sources? (Specify amount.)

Social Security	\$ _____ /Month	Public Aid	\$ _____ /Month
SSI Disability	\$ _____ /Month	Child Support	\$ _____ /Month
Workers' Compensation	\$ _____ /Month	Pension	\$ _____ /Month
Unemployment Compensation	\$ _____ /Month	Is your child eligible for free school lunch program	Yes / No

# of people living in household \_\_\_\_\_ # of dependents living in household  Monthly employment income for household \$

Using the Scale on the back, what is your fee per session (this only applies to counseling) \$

If you cannot afford the fee on the scale, please take this form into your session with your therapists.

***I also understand this application will be evaluated to determine qualification for financial assistance. I will make Warren Township aware of any financial changes that differ from information provided above. All of the information provided is accurate and verifiable.***

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Date Appl. Received \_\_\_\_\_ Reviewed By \_\_\_\_\_

Explanation of additional adjustment or forgiveness \_\_\_\_\_

How much is the client comfortable paying weekly or total debt \$ \_\_\_\_\_