



131 W. Grace St., Rm 1100  
 Harrisonburg, VA 22807  
 540.568.4980

Reduced Fee Application

It is the policy of Occupational Therapy Clinical Educational Services (OTCES) to provide occupational therapy services regardless of the patient's/client's ability to pay full fees. Fees are determined based on family income and size. Please complete the following information and return it with the other required paperwork to determine if you or members of your family are eligible for reduced fees.

The reduced fee schedule will apply to all services received at OTCES. Reduced fees apply only to current, not future services. This form must be completed each year in which a client is receiving services.

**Number of immediate relatives and dependents living in your household:** \_\_\_\_\_

**TOTAL HOUSEHOLD INCOME (COMPLETE ONE COLUMN ONLY)**

HOUSEHOLD MEMBER	ANNUAL	MONTHLY	BI-WEEKLY
SELF	\$	\$	\$
SPOUSE	\$	\$	\$
RELATIVES	\$	\$	\$
TOTAL	\$	\$	\$

Note: Include income from all related persons in household and income from all sources including gross wages, tips, social security, disability, pensions, annuities, veterans payments, net business or self employment, alimony, child support, military, unemployment, public aid and other.

I certify that the family size and income information shown above is correct. Please attach copies of tax returns, pay stubs and other information verifying income.

\_\_\_\_\_  
 Name Signature Date

Office Use Only	
Patient/client Name _____	Fee/Percentage _____
Date(s) of service _____	Approved by _____