

**Four Corners Fee Reduction Request Form**

<b>Applicant &amp; Family size (# = )</b>	<b>Household Monthly Budget</b>	<b>\$ Amount</b>
1. Applicant name:	Wages 1(gross-income taxes)	
2. Family member:	Wages 1(gross-income taxes)	
3. Family member:	Workforce Services	
4. Family member:	Unemployment	
5. Family member:	Pell Grant/scholarships	
6. Family member:	Other income resources: _____	
7. Family member:	Total Income	\$

(Household monthly budget must be completed in order to apply for a reduction in fees.)

**Monthly Expenses**

Expense Name	A: \$ amount	Expense Name	B: \$ amount	Expense Name	C: \$ amount
1. Mortgage/rent (portion you pay)		10. Cable/Satellite TV		19. Entertainment	
2. Car/lease payment		11. Internet/cell phone		20. Gifts	
3. Loan payment - list type: _____		12. Food, dining out, groceries (portion you pay)		21. Clothing	
4. Insurance - auto		13. Gasoline		22. Other	
5. Insurance - homeowner's		14. Pet supplies		23. Other	
6. Child support		15. Schooling/you		24. Other	
7. Childcare		16. Schooling/dependents		25. Other	
8. Electric/Gas		17. Medical/health care		26. Other	
9. Telephone		18. Personal care		27. Other	
Total Column A =		Total Column B =		Total Column C =	

Total of column A + B + C = \$ \_\_\_\_\_. Balance available is your income minus expenses \$ \_\_\_\_\_.

For Office Use Only		
Fee based on income:	Program Director recommended fee:	Fee Reduction Committee approved fee:
Level I SA \$ _____ per visit	Level I SA \$ _____ per visit	Level I SA \$ _____ per visit
Level II SA \$ _____ per week	Level II SA \$ _____ per week	Level II SA \$ _____ per week
DC \$ _____ per week	DC \$ _____ per week	DC \$ _____ per week
Level II SA \$ _____ per week	Level II SA \$ _____ per week	Level II SA \$ _____ per week

All requests will be reviewed by Program Director or designee and then forwarded to the fee reduction committee for approval. All approved fee reductions are subject to change when income changes.

Client signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Director/Designee \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Feed Reduction Committee \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*If you have other information that you would like the fee reduction committee to consider please write your comments below:*

---



---



---



---

