

Appointment Fee Waiver Request Application

CCCS of Buffalo has a vision of helping individuals and households in Western New York by providing counseling services without regard the client's ability to pay.

Service Fee Waiver Guidance

Generally, CCCS has discretion to waive any fees if the applicant establishes that he or she is unable to pay the fee. All fee waiver requests applicants are required to demonstrate an **"inability to pay."** In determining "inability to pay," CCCS may consider the following situations and criteria regarding the applicant:

- Client's household income is at or below the poverty level contained in the most recent poverty guidelines revised annually by the Secretary of Health and Human Services.
- If there are extenuating circumstances, please attach explanation and supporting documentation.

Documentation (please supply copies, do not send originals)

The suggested examples listed below are types of documentations to provide proof of the "inability to pay:"

- Letter from the state of any SSI (Social Security Income), SSD (Social Security Disability), or Social Services.
- Recent pay stub (within last four weeks) from each wage earning member of the household or tax return

How to Apply for a Service Fee Waiver

- To apply for a service fee waiver, an applicant must submit a signed and dated *Fee Waiver Request Form*.
- The request and supporting documentation (see above **Documentation**) must be submitted along with the *Fee Waiver Request*.
- If a fee waiver request is denied, then client will be notified and documentation will be properly disposed of by Agency.

The Federal Poverty Guidelines from the Department of Health and Human Services for 2016 shown below:

2016 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household (must include all family member's income in household)	Poverty guideline
For families/households with more than 8 persons, add \$6,240 for each additional person.	
1	17,820
2	24,030
3	30,240
4	36,450
5	42,660
6	48,870
7	55,095
8	61,335

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Appointment Fee Waiver Request

(Please **PRINT** Clearly)

Refer to the Fee Waiver Guide Request before completing this form.

Date: _____

Married

Single

How many adults in household: _____ How many children under 18 in household: _____

I, _____, and _____

(Full legal name)

(Full legal name)

In support of this request I am submitting: _____

(Type of Documentation, see attached listing)

My current mailing address and email address are:

(Street address)

(City)

(State)

(Zip)

(Email address)

My current telephone number is: (_____) _____

I would like to know if my request have been accepted or denied by:

telephone

email

This information is accurate to the best of my knowledge.

(Signature of Requestor)

(Signature of Requestor)

CCCS USE ONLY

CCCS: Approved:

Denied:

Signature: _____

Date: _____

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