

SLIDING SCALE APPLICATION

If you are not able to pay the \$159 - \$169 fee per therapy session, you can apply for a discounted fee based on your income. Please complete this form in its entirety and fax it to Well Said: Toronto Speech Therapy. Our Director will review this application for reduced fee services and add you to a waitlist for sliding scale availability.

Availability of reduced fee therapy sessions is dependent upon a number of factors, including S-LP availability, number of session expected to be required and funding.

| Applicant's Name: | Number of people in your household: | |
|--|-------------------------------------|--|
| Primary Phone: | Email: | |
| Financial Information: | | |
| Are you currently employed? | Employment income: | |
| Other income (ODSP, EI, OW, Scholarships, etc.): | Do you own a home: | |
| If applicable, who is your employer: | | |
| Please explain why you need financial assistance with your fees: | | |
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| V | WELL SAID | Toronto Speech Therapy | |
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| Please explain why you need services: | | | |
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| Please attach the following: | 1) 2017 CRA Notice of Assessment for all members of the 2) 2016 CRA Notice of Assessment for all members of the | | |
| | nation disclosed is true and accurately reflects my financial rsonal resources that may be utilized to meet my fees for th | | |
| Applicant Signature: | Date: | | |

*Please submit your completed application form to 647-558-0546