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Criteria to Establish Eligibility for Reduced Fee: No guarantee implied

Name: _____ Date: _____

What is the household income? Includes: employment, rental income, child-support, alimony, investments, Social Security, VA benefits, retirement, pension, adoption subsidies, foster care, student grants/scholarships/loans, work study, military allotment, inheritance, lottery, worker's compensation, unemployment, etc. \$ _____

Number of people in the household: _____

Has there been a job loss in the past 6 months? ____ Y ____ N

Name of person	Reason for loss	Employer	Last day	Final pay day

Has there been a change in health insurance carriers? ____ Y ____ N

Reason: _____

Does anyone in the household receive income from self-employment? ____ Y ____ N

Name	Type of work	Gross income/month	Hours worked

Will this income revenue continue to be received? _____ Y _____ N

Does anyone in the household pay child support or alimony to another household? ____Y ____N

Name	Amount/Frequency	Supported child	Address of child

Other expenditures or hardships not previously mentioned: _____

