

Signature: _____ Date: _____

ELIGIBILITY DECISION
<input type="checkbox"/> You are eligible to receive individual services at _____% of the full fee cost (minimum charge \$_____).
<input type="checkbox"/> You are eligible to receive group therapy services at _____% of the full fee cost (minimum charge \$_____).
<input type="checkbox"/> You are eligible for hearing aids at _____% of the full fee cost.
<input type="checkbox"/> Your income exceeds our guidelines.