

THE MELTZER CENTER:  
PSYCHOLOGICAL & COMMUNITY-BASED SERVICES

**REQUEST FOR FEE REDUCTION**

(Please remember to bring your Income Tax Form or Paycheck Stub to your first session)

Client's Name

Date

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Service for which reduction is requested

Family Income

Family Size (including client)

Special clinical circumstances affecting fee:

Special financial circumstances affecting fee:

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**For office use only:**

Fee approved at

Copy of verification of income provided

Clinic Staff Member

Risa Broudy, Ph.D. (Director)