



**Creative Potential, LLC**  
 912 Norwich New London Turnpike,  
 Unit #5, Uncasville, CT 06382  
 p-(860)848-0514, f-(860)-848-0523  
 www.Creativepotentialllc.com

Financial Hardship Waiver Request Form

Applicant Name:			
Applicant Address:			
Applicant Phone number:		Applicant email:	
Monthly household income:		# of household members:	
Name of the dependent receiving services:		Dependent's Date of Birth:	

I do hereby request that I, \_\_\_\_\_ be considered for a reduction in the payment responsibilities as they relate to the fee for Autism Services provided by Creative Potential, LLC and delivered to \_\_\_\_\_ (full name of the child receiving services). By signing this form, I certify that I **have no insurance** that can be billed for those charges and cannot pay due to financial hardship. I declare that all the information provided in this document is true and accurate. Further I understand that I may be held liable for any false statements pertaining to this waiver request. I hereby agree to notify Creative Potential, LLC , LLC of any changes in the financial status of the applicant that may affect my ability to pay for services.

Applicant will be notified, in writing, of Creative Potential, LLC decision regarding this application within 7-10 business days. Should you request anything additional be considered, please include details below.

Applicant's Full Name

Applicant's signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send completed Hardship Waiver Request to [info@creativepotentialllc.com](mailto:info@creativepotentialllc.com) | 860-848-0514