

RARC MAT Neuropsychological Assessment (Neuro) Referral Checklist and Financial Contract

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|---------------------------|--|--|
| Queen's University | | |
| Name of Student | Name of School (College or University) | Student Number |
| Program | Length of Program (Years) | Year in program (1 st , 2 nd , etc.) |
| Permanent Address | City | Postal Code |
| E-mail Address | Cell Phone | Home Phone |

Please complete the following steps for your referral to the RARC:

1. **IDENTIFY** your financial option (1-6 on page 2) **and SIGN** the back of this form
2. **COMPLETE** and sign the **"NO-SHOW"** form in the referral package
3. **COMPLETE** the Head Injury Questionnaire (**HI-Q**) in the referral package or on-line:
<https://www.queensu.ca/rarc/assessment-services/rarc-students-southeastern-ontario/forms>
4. **PRINT** a copy of the completed **HI-Q** if completed on-line
5. Download and print a copy of your **CLASS SCHEDULE** from Solus
6. Collect copies of **past report cards** (K-8, year-end; 9-12, semester-end), **transcripts, previous assessments,** and **last IEP** (if available/applicable)

Note: Instructions for obtaining copies of documents can be found here:

<https://www.queensu.ca/rarc/sites/webpublish.queensu.ca.rarcwww/files/files/Obtaining%20Documentation%20June%202019.docx.pdf>

7. Please bring the following referral package items to the Intake Coordinator at Queen's Accessibility Services (QSAS).
 - This form—both sides completed, signed and dated
 - NO SHOW form completed and signed
 - Class Schedule
 - Completed HI-Q
 - Copy of all Previous assessments (if applicable)
 - Copy of report cards/transcripts and last IEP (if applicable/available)

Financial Options: Choose which option applies to you (only 1 option will apply):

Note: Students who are not paying the full fee on their own need to apply for OSAP.

<https://osap.gov.on.ca/OSAPSecurityWeb/public/login.xhtml?lang=en>

Please make cheques payable to Queen’s University. Cheques can be post-dated 2 months from date of first appointment.

1. Paying full fee (self or parent/guardian paying)

- ✓ \$2,800 cheque/cash payable to Queen’s University

2. Provincial and Federal OSAP BSWD/CSG-PDSE eligible (\$2,800)

- ✓ \$2,800 cheque/cash payable to Queen’s University (*cash* if assessment reveals an LD diagnosis)
- ✓ \$2,000 cheque/cash payable to Queen’s University (*cash* if assessment reveals no LD diagnosis)

3. Federal CSG-PDSE (\$1,700) eligible only and student has no insurance coverage

- Student provides 2 post-dated cheques or cash payable to Queen’s University
 - ✓ \$1,700 cheque (*cash* if assessment reveals an LD diagnosis)
 - ✓ \$500 cheque/cash (*cash* if assessment reveals no LD diagnosis)

4. Federal CSG-PDSE (\$1,700) eligible only and student has insurance coverage

- Student provides 3 post-dated cheques or cash payable to Queen’s University
 - ✓ \$500 cheque/cash
 - ✓ \$1,700 cheque
 - ✓ _____ Cheque/Cash (Record the amount of the insurance coverage) RARC will waive remaining of fee

5. Not eligible for OSAP/BSWD/CSG-PDSE and student has no insurance coverage

- Reduction of Fee will be discussed at RARC according to Sliding Scale Below;
- Proof of Income will be required

6. Not eligible for OSAP/BSWD/CSG-PDSE and student has insurance coverage

- Reduction of Fee will be discussed at RARC according to the Sliding Fee Scale Below;
- Proof of Income will be required
- Record the amount of insurance coverage \$_____ (To be paid at first appointment)

NOTE: A detailed receipt will be provided at the Feedback appointment for submission to insurance company.

| Sliding Fee Scale | |
|--------------------------|---|
| Net Income | Neuropsychological Assessment Flat Rate |
| > \$150,000 | \$2,800.00 |
| \$125,000-\$149,999 | \$2,500.00 |
| \$100,000-\$124,999 | \$2,300.00 |
| \$80,000-\$99,999 | \$2,000.00 |
| \$70,000-\$79,999 | \$1,700.00 |
| \$50,000-\$69,999 | \$1,400.00 |
| \$30,000-\$49,999 | \$1,100.00 |
| \$10,000-\$29,999 | \$ 800.00 |
| < \$10,000 | \$ 500.00 |

I agree to adhere to the instructions outlined in Financial Option #_____ (as described above) and bring the completed RARC Referral Package to the Intake Coordinator at QSAS.

Name of Student

Signature of Student

Date