

## Financial Hardship Assistance

We want every parent who could benefit from using the OurFamilyWizard® toolset to be able to do so. But we understand that some may not have the financial means to purchase an annual subscription, which is why we have offered assistance to parents experiencing financial hardship since our inception. Parents who are eligible may qualify for discounted or free subscriptions through this program.

## **Application Instructions**

Please follow the instructions listed below when applying for an OurFamilyWizard scholarship account. If you have any questions that are not answered by these instructions, please contact our customer support team at (866) 755-9991 or info@ourfamilywizard.com.

- Step 1: Applicants must be able to complete all required contact information fields in the application in order for their submission to be processed. Please provide a phone number and/or email address for the co-parent. This information is required in order for OurFamilyWizard to be able to connect parent accounts correctly.
- Step 2: Every application must be submitted with supporting documentation that verifies the applicant's eligibility. The documentation options listed in Step 2 of the application are the only accepted documents for this application. If ineligible documentation is provided, OurFamilyWizard customer support will reach out at the provided email address for additional documentation.
- Step 3: This step should only be completed on applications for applicants who are working with legal aid or are receiving other legal services pro bono. Step 3 must be completed by the legal practitioner and cannot be completed by the applicant. Legal practitioners completing this step must still provide a signed letter on their letterhead verifying that they are providing legal services pro bono or at a reduced rate.



## **Financial Hardship Application**

CANADA

Print clearly or fill electronically and email the completed forms and documentation to:

Email: info@ourfamilywizard.com

\* denotes a required field

Step 1: Contact information for applicant and their co-parent Applicant

*First and Las	st Name:				
*Address:					
*City:		*Province:		*Postal code:	
*Telephone:		*Er	nail:		
Other Parent					
*First and Las	st Name:				
Address:					
City:		Province:		Postal code:	
*Telephone:		*Er	nail:		
•	of the following docum			• •	
If you've recently 12 months.	eived a fee waiver for your	court fees, pro	ovide doc	umentation verifying the waiver from within the	last
\ <i>\</i> .	· .			tance, provide verification of those benefits fron ed on a case-by-case basis.	n
If you are being provided legal assistance through Legal Aid, provide a signed letter on letterhead from your lawyer or other legal professional verifying that aid.					
				ubmitting on behalf of parent(s):	•••••
*First and La	st Name:				
*Organizatio	n:			*Title:	
*Address:					
*City:	*P	rovince:		*Postal code:	
*Telephone:		*E	mail:		
	For professionals, p	lease choose	one of	the following and sign below:	
	officer providing legal serv ary one-year OurFamilyWi			e to financial need. Please grant my client a	
				ue to financial need. Please grant my client a one of the standard \$99.00 USD annual subscription	e-
Signature: _				Date:	

Once completed application and documentation are submitted, please allow up to 5 business days for a response. Existing subscribers will receive an email notification and new subscribers will receive a welcome email upon approval.