

## The Complete Counseling Center - Application for Reduced Fees

The Complete Counseling Center strives to offer superior counseling at an affordable fee. To be considered for a reduced fee, clients must complete and sign this application form. All information will be kept confidential.

Client Name(s) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

Person completing form (if other than client): \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Therapist's Name: \_\_\_\_\_

The following information is to assist us with how we may best make financial adjustments in determining your fee.

### Family Income:

Please include all members of household who contribute more that \$500/year.

Gross Annual wages: Self: \_\_\_\_\_ Spouse: \_\_\_\_\_ Other: \_\_\_\_\_

Child support (total) \_\_\_\_\_ per month Savings: \_\_\_\_\_

How many people, including yourself, are dependent on the above Family Income: \_\_\_\_\_

Number of children in college \_\_\_\_\_

Please list all customary expenses per month, plus any unusual debts or expenses:

Charitable donations: \_\_\_\_\_ Utilities (total): \_\_\_\_\_

House payment/rent: \_\_\_\_\_ Food: \_\_\_\_\_

Credit card payments: \_\_\_\_\_ Loans: \_\_\_\_\_

Clothing: \_\_\_\_\_ Life insurance: \_\_\_\_\_

Other: \_\_\_\_\_

Transportation/Car payment(s): \_\_\_\_\_ Gas: \_\_\_\_\_

Insurance: \_\_\_\_\_ Other: \_\_\_\_\_

**Total Monthly Expenses:** \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_