

## Application For Sliding Scale Of Counseling Fees

*Sliding Scale is based on Gross Annual Household Income*

Child's Name / Date

### 1) CONTACT INFORMATION

Parent's Name

eMail

Street Address

Employer

City, State and Zip

Occupation

Home Phone

Employer's Phone

Cell Phone

How Long Employed

### 2) FINANCIAL INFORMATION

Person Responsible for Payment (including responsibility of other parent in the case of separation or divorce.)

Do you plan to file counseling charges with your insurance? ☐ Yes ☐ No

Please provide Annual Gross Amounts for the following income categories:

Salary/Wages

Disability Income

Alimony/Child Support

Other (Interests, Dividends, etc)

Social Security Income

**Total Annual Gross Household Income**

Please provide Annual Gross Amounts for the following income categories:

Medical Expenses

Tuition Expenses

Please list number of dependents:

I certify that the above information is correct. I will notify *From Within Counseling* of any significant changes in my household income that would affect my receipt of the sliding scale rate.

Signature of Parent/Guardian / Date