

Application for Fee Reduction

It is our desire to offer compassionate help when life becomes a struggle. We believe that no one should suffer alone. To make counselling more affordable for anyone who requires services but cannot afford a full fee, we adjust our fees based on your gross household income. There is a limit on availability to subsidize and reduce fees. Reduction of fees will periodically be reviewed.

Our individual counselling fee ranges from \$90.00 to \$120.00 per hour, and our couples fee ranges from \$120 to \$150 per hour. Through our Fee Reduction Program, you can apply for a subsidized rate if you are not eligible for extended health care coverage through your employer or other agency and if your annual gross household income is under \$40,000 per year. To set your fee, we have a sliding fee scale that is based on your annual gross household income. Please complete this financial application to confirm that the proper fee has been set for you. This information is confidential and will be kept on your file. We require that you verify your income. You can do this by presenting three (3) of your most recent pay stubs. If you are currently unemployed, please submit, if applicable, three (3) of your spouse's most recent pay stubs.

Name of Applicant: _____

Address: _____

Phone (H): _____ Phone (C): _____ Email Address: _____

Name of Spouse/Partner: _____

Reason for making application: _____

Dependents:

Name	Age	Living at home		If not, please explain
_____	____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Applicant's Present Employer: _____

Employer's phone number: _____ Supervisor: _____

Spouse / Partner's Present Employer: _____

Employer's phone number: _____ Supervisor: _____

Total number of hours worked per week: _____ Wage: _____

Other Income: _____ Gross Monthly Salary: _____
(rental property, commissions, proprietor and partner income, interest or dividend income)

Do you or your spouse/partner have insurance or third party coverage that covers psychological services?

____ Yes ____ No If yes, please explain: _____

I, Ivana Redmond, will reassess fees on a yearly basis. You will have to apply again for subsidy at the beginning of every calendar year or if you have not used our services for a period of six months. I understand that I am responsible for payment of all charges on my file and that payment is due at the time of service. I declare that I am in need of a fee subsidy because of my limited income. The information I have provided is an accurate and true description of my income and I agree to update Ivana Redmond regarding any financial changes that occur during the time I am receiving the services of the Ivana Redmond. Please place a check mark beside your current annual gross household income.

Individual Counselling Sliding Scale:

	Annual Gross Household Income	Session Fee		Annual Gross Household Income	Session Fee
____	24,000 – 29,999	90.00	____	35,000 – 39,999	110.00
____	30,000 – 34,999	100.00	____	Above 40,000	120.00

Couples and Family Therapy Sliding Scale:

	Annual Gross Household Income	Session Fee		Annual Gross Household Income	Session Fee
____	24,000 – 29,999	120.00	____	35,000 – 39,999	140.00
____	30,000 – 34,999	130.00	____	Above 40,000	150.00

Based upon the above financial information stated above, I agree to pay \$_____ per counselling session as identified by the sliding scale or in consultation with Ivana Redmond.

My signature here states that the above information is true and correct to the best of my knowledge. I give permission for verification of the above information to be obtained.

 Signature _____ Date

Received Date: _____	Processed Date: _____	Client Notified Date: _____
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