

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 counselling fee ranges from \$70 to \$120 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 \$50,000 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
_____	____	Yes	No	_____
_____	____	Yes	No	_____
_____	____	Yes	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 – 27,999	70.00	_____	36,000 – 39,999	100.00
_____	28,000 – 31,999	80.00	_____	40,000 – 43,999	110.00
_____	32,000 – 35,999	90.00	_____	Above 44,000	120.00

Couples and Family Therapy Sliding Scale:

	Annual Gross Household Income	Session Fee		Annual Gross Household Income	Session Fee
_____	24,000 – 27,999	70.00	_____	36,000 – 39,999	100.00
_____	28,000 – 31,999	80.00	_____	40,000 – 43,999	110.00
_____	32,000 – 35,999	90.00	_____	Above 44,000	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