



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 \$60 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: _____

Door of Hope Counselling Clinic 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 the Door of Hope Counselling Clinic regarding any financial changes that occur during the time I am receiving the services of the Door of Hope Counselling Clinic. 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, Marriage 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 the Director of Operations.

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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