

JOURNEY COUNSELING WACO
APPLICATION FOR FINANCIAL ASSISTANCE

The fee for counseling is \$105.00 per fifty minute session. However, if you do not have health insurance covering our services, or would have difficulty paying the full fee based upon your family income, you apply for a fee reduction. This adjustment will be based upon our Center's Gross Family Income Adjusted Fee Scale.

****All fees for services must be paid at each session**

Name _____ Date _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Married __ Single __ Number of persons living in the home: _____ Cell _____

Total gross family income: Week \$ _____, Month \$ _____, Year \$ _____

I (we) have health insurance coverage. Yes _____ No _____

Special circumstances that require application for assistance:

I would like to request an adjusted payment. I understand the terms of this application and agree to pay my adjusted fee on a per session basis if approved.

The requested adjusted payment is \$ _____

Client Signature

Therapist Signature