

**JOURNEY COUNSELING WACO**  
**APPLICATION FOR FINANCIAL ASSISTANCE**

The fee for counseling is \$130 per 50-60 minute session. However, if you do not have health insurance coverage for our services or would have difficulty paying the full fee based upon your family income, you may apply for a fee reduction. This adjustment is based upon our Center's Gross Family Income Adjusted Fee Scale.

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

Name \_\_\_\_\_ Date \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Married \_\_\_ Single \_\_\_ Number of persons living in the home: \_\_\_\_\_

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

I (we) have insurance coverage. Yes \_\_\_\_\_ No \_\_\_\_\_

Special circumstances that require application for assistance:

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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 \_\_\_\_\_