



SLIDING SCALE APPLICATION

If you are not able to pay the \$90 fee per counseling sessions you can apply for a discounted fee based upon your income. Please complete this form in its entirety and return it to Wellspring before your first visit in order to avoid having to pay the full fee for services. Our Executive Director will review this application for reduced fee services and contact you regarding available appointments. Approval of the sliding scale fee only applies to sessions not yet completed. Clients are expected to pay the full \$90/session for all sessions completed before approval of the sliding scale application.

Availability of reduced fee therapy sessions is dependent upon a number of factors, including staff availability, number of sessions expected to be required, and availability of Client Assistance funds.

NOTE: If you are actively attending a local church we ask that you contact your church to ask for their financial assistance with counseling fees before requesting a sliding scale reduction from Wellspring. Our staff can speak with your pastor about payment assistance.

Name: _____ Number of people in your household _____

Primary Phone _____ Email: _____

Financial Information:

Are you currently employed? Yes No

If yes, who is your employer? _____

What is your annual household income (please include everyone in your household who has income including disability, child support etc)*? _____

Please explain why you need financial assistance with your counseling fees:

I attest that the information disclosed above is true and accurately reflects my current financial situation and that I do not have adequate personal resources that may be utilized to meet my fees for counseling services.

Applicant Signature: _____ Date: _____

*Please attach a copy of a 1040 or a federal tax form to verify income. Contact us if you have questions about this application.