

REDUCED FEE APPLICATION

It is the policy of Blueprint Counseling Solutions to provide good therapy to all clients. I firmly believe that my clients are adults and well aware of what they can afford to pay. When we meet for our initial session, I trust you will provide me with accurate information so we can find a fee that is reasonable for you. In most situations, reduced fees are determined based on family size and annual income. Please complete the following application to determine if you or members of your family are eligible for a discount. **This form must be completed every 3 months, or if your financial situation changes.**

(Please list self, spouse and dependents under the age of 18).

Name	Age	Name	Age
Self:		Spouse:	
Dependent:		Dependent:	
Dependent:		Dependent:	

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, self-employment, dependents, etc.				
Unemployment compensation, workers' compensation, SSI/SSDI, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income:				

Note: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

Other Financial Concerns: _____

I certify that the family size and income information shown above is correct.

 Client Printed Name

 Date

 Client Signature

OFFICE USE ONLY

Approved Discount: _____

Date Approved: _____