



## Sliding Scale Fee Application

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Race: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Are you a new client, returning client, or current client of Reflective Counseling? \_\_\_\_\_

Are you applying for financial assistance for individual therapy, group therapy, or both? \_\_\_\_\_

Are you receiving any government assistance at this time? If so, what? \_\_\_\_\_

Are you married? \_\_\_\_\_

Are you employed at this time? \_\_\_\_\_

How many hours do you work per week (on average)? \_\_\_\_\_

If so, what is your annual income? \_\_\_\_\_

What is your household income? \_\_\_\_\_

How many dependents do you have? \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

If you own your home, what is your monthly mortgage payment? \_\_\_\_\_

If you rent, how much is your monthly rent? \_\_\_\_\_

Do you live with roommates and if so, how many? \_\_\_\_\_

Are you a teacher, over the age of 65, or a military veteran? \_\_\_\_\_

Do you work in mental health or in the non-profit sector? \_\_\_\_\_

Are you involved in a volunteer organization? If so, how many hours do you volunteer per month? What organization do you volunteer for and can you provide documentation regarding your involvement (this can be a letter from the organizer)? \_\_\_\_\_

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