

Individual Counseling Sliding Fee Scale

See scale below to determine fee for counseling services. Note: if your financial situation changes, please discuss this with your counselor to explore alternative options.

Please check the box next to the fee amount that corresponds to your current financial situation.

Household Members & Dependents	Gross Annual Income			
	<input type="checkbox"/> \$50 Fee	<input type="checkbox"/> \$60 Fee	<input type="checkbox"/> \$70 Fee	<input type="checkbox"/> \$80 Fee
1 (You)	\$11,770 or less	\$11,771-14,713	\$14,714-17,655	\$17,656+
2	\$15,930 or less	\$15,931-19,913	\$19,914-23,895	\$23,896+
3	\$20,090 or less	\$20,291-25,113	\$25,114-30,135	\$30,136+
4	\$24,250 or less	\$24,251-30,313	\$30,314-36,375	\$36,378+
5	\$28,410 or less	\$28,411-35,513	\$35,514-42,615	\$42,616+
6	\$32,570 or less	\$32,571-40,713	\$40,714-48,855	\$48,856+
7	\$36,730 or less	\$36,731-45,921	\$45,922-55,095	\$55,096+
8	\$40,890 or less	\$40,891-51,113	\$51,114-61,335	\$61,336+

Adapted from: <http://aspe.hhs.gov/2015-poverty-guidelines>

I have read and understand the above information. I consent to pay the agreed upon fee for individual counseling services per the requirements detailed above. I understand that should my financial situation change, I should inform my counselor so that my fee for counseling may be adjusted. I am in full agreement with the terms stated above, and the understanding that my counselor may alter this sliding scale or his/her fee structure at any time. If this should happen, clients will be given written notice before such changes are implemented.

X _____
Signature of client (or person acting for client)

Date

I, **Holly Morseman, M.A., LPC Intern**, have discussed the issues above with the client. My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of Therapist: _____ Date: _____