



REVISION

CHRISTIAN COUNSELING

Application for Sliding Scale Discount

Client Name: _____ Date of Application: _____

Client Age: _____

I. CLIENT Information or PARENT/GUARDIAN PERSON Information (If client is under 18, this section for parent/guardian information)

Name _____ Date of Birth _____

Relationship to Client: _____ Age _____ Gender _____

Marital Status (Circle One): Single Married Divorced Separated Widowed

Street Address _____

City _____ State _____ Zip _____

Home phone: () _____ Work phone: () _____

Cell phone: () _____ E-mail address: _____

II. I estimate I can pay \$_____ per hour for counseling services.
(Please note that this will be taken into consideration, but does not guarantee you will be discounted the amount you specify.)

III. PERSONAL FINANCIAL INFORMATION

INCOME – Please provide the following information for yourself and all adult household members with any source of income. Please also list any child support, unemployment, social security payments, or other sources of income.

Name	Employer (or income source)	Gross Annual Income

Any other circumstances we should consider?

Description of Assets and Liabilities	Current Fair Market Value	Current Amount Owed
Cash (on hand and in banks or credit union):		
Stocks/Bonds:		
Real estate:		
Personal home:		
Other:		
Automobiles:		
Description:		
Description:		
Description:		

IV. BY SIGNING MY INITIALS BELOW, I UNDERSTAND AND AGREE THAT:

(Any documentation required to process this application will be kept confidential.)

A. Tax Return and paycheck stub (both required)

- I will provide a copy of my most recent tax return (1040 and all Schedules) _____ (initials)

AND

- I will provide a copy of the most recent paycheck stub for all contributing family members _____ (initials)

B. Changes in information

I acknowledge the above information is true and accurate. If for any reason the information I have provided changes:

- I will contact the my counselor immediately regarding the changes in my financial status _____ (initial)

C. Fee Responsibility

Until this completed application is received, processed and approved, I understand that:

- I am responsible for and agree to pay the full service fee for all services provided by Revision Christian Counseling, LLC at the time of the service _____ (initials)

Signature of Client

Date

Or, if client is under 18,

Signature of Parent or Legal Guardian

Date

