



Partnering with churches and community for affordable care

SCHOLARSHIP/REDUCED FEE APPLICATION

If your counselor has benevolent care openings, clients who need assistance can possibly apply for our reduced fee scale, which is based on a clients' family income. This graduated scale, which reflects our underlying approach, is designed to enable individuals at all income levels to afford professional help to deal with emotional, psychological or spiritual concerns. **Prior to filling out these forms, please check with your counselor if they have any benevolent openings.** If you cannot afford our discounted rate, you can apply for this reduced fee. If this is your situation, ask your counselor for an application to apply for this

rate. **We base our reduced fee scale on household gross income at a rate of \$1.00 per \$1,000 earned. We have a minimum payment of \$50.00 for individual counseling and \$60.00 for marriage counseling.**

Name(s) of Applicant(s) _____

How many people live in your household? Adults _____ Children _____

LIST ALL INDIVIDUALS OF YOUR HOUSEHOLD WHO CONTRIBUTE TO THE HOUSEHOLD INCOME

Employer	Employer's Phone	SSN	Monthly Gross Income
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

ADDITIONAL INCOME

Child Support	\$ _____
Unemployment/Food Stamps	\$ _____
Other type of verifiable income (Social Security, other disability, retirement, etc.)	\$ _____
Total from all amounts above	\$ _____

Proof of income must be provided. Proof of income should be the previous year's tax statement. Reduced fee is based on prior year's adjusted gross income. All paperwork must be submitted prior to services provided. Payment is due at each session.

I certify that I have read and understood the above information and that the information submitted is complete and accurate to the best of my knowledge. I authorize Wellspring Counseling to have access to any records, public or private, including employer, which will substantiate, verify, or refute the information contained in this application.

Signature(s) of Applicant(s)

Date