

Trinity Professional Counseling Services, LLC

2017 Discounted Rate Application

Name: _____ Date: _____

Number of people in my household. For the purposes of this application, a “household” is everyone that contributes to and/or benefits from the total income earned by those living at the same residence:

Total gross income for my household. This is the combined income of everyone in your household *before* taxes. Your income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, 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:

Number of People in Household	Total Gross Income for Household				
	This chart is based upon the 2017 Federal Poverty Guidelines.				
1	\$0-\$12,060	\$12,061-\$24,120	\$24,121-\$36,180	\$36,181-\$48,240	\$48,241+
2	\$0-\$16,240	\$16,241-\$32,480	\$32,481-\$48,720	\$48,721-\$64,960	\$64,961+
3	\$0-\$20,420	\$20,421-\$40,840	\$40,841-\$61,260	\$61,261-\$81,680	\$81,681+
4	\$0-\$24,600	\$24,601-\$49,200	\$49,201-\$73,800	\$73,801-\$98,400	\$98,401+
5	\$0-\$28,780	\$28,781-\$57,560	\$57,561-\$86,340	\$86,341-\$111,120	\$111,121+
6	\$0-\$32,960	\$32,961-\$65,920	\$65,921-\$98,880	\$98,881-\$131,840	\$131,841+
7	\$0-\$37,140	\$37,141-\$74,280	\$74,281-\$111,420	\$111,421-\$148,560	\$148,561+
8+	\$0-\$41,320	\$41,321-\$82,640	\$82,641-\$123,960	\$123,961-\$165,280	\$165,281+
Discounted Rate:	\$35 (per 45-60 min. session)	\$50 (per 45-60 min. session)	\$65 (per 45-60 min. session)	\$80 (per 45-60 min. session)	\$100 (per 45-60 min. session)

Based on the chart above, my rate is: _____/45-60 minute session

By signing this form you testify that the information you have provided is indeed complete and accurate. Your signature further indicates your willingness to comply with the conditions of receiving the discounted rate. Namely, you must: 1) Complete this application. 2) Provide proof of income in the form of most recent tax return, pay stub, or the like for each person who lives in your home. (If pay stub, must provide a minimum of 2 to demonstrate average wages.) 3) Inform your therapist if your financial situation changes during the course of therapy. 4) Agree to review your eligibility at any time and for any reason upon your therapist’s request. You will not receive the discounted rate until you complete this application and provide an acceptable form of proof of income. Should it be discovered that you have provided inaccurate information or have failed to update your therapist regarding changes in your financial situation or should you refuse to provide the necessary information to reevaluate your eligibility, your discount will be revoked and you will be required to pay the standard session fee.

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____