



# Community Hope Christian Counseling

## SLIDING FEE DISCOUNT APPLICATION

It is the policy of Community Hope Christian Counseling Center to provide services regardless of the client's ability to pay. Discounts are offered based on family size and annual income. Please complete the information and return to the front desk to determine if you or members of your family are eligible for a discount.

Name of Head of Household		Place of Employment		
Street	City	State	Zip	Phone

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	
Dependent		Dependent	

**Annual Household Income**

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensations, 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				
<b>Total Income</b>				

**Note: Copies of pay stubs, W-2 or other information verifying income must be attached before a discount is approved. Copies will not be returned.**

I certify that the family size and income information shown above is correct.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Office Use Only**                      **CIRCLE SERVICE:**    COUNSELING                      LIFE COACHING

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

Recommended Discount: \_\_\_\_\_

Approved Discount: \_\_\_\_\_

Approved by: \_\_\_\_\_