



Application for Sliding Scale Counseling Fees

If you would like to apply for the use of our sliding scale to help with payment of your counseling fees, please complete the following:

Name of Person Responsible for Payment

Employer

Occupation

Employer Street Address/P.O. Box

How long employed?

City State Zip

Daytime Phone

Evening Phone

Do you currently attend Grace Chapel? _____ How Long have you attended Grace Chapel? _____

Please provide **ANNUAL** amounts from the following income categories **for both you and your spouse:**

Salary: _____

Alimony/Child Support: _____

Social Security Disability: _____

Disability Income: _____

Other: _____

TOTAL Annual Household Income: _____

I certify that the above information is correct. I will notify **Grace Chapel and Lisa Murray** of any changes in my household income that would affect my use of the sliding scale. I understand that the counseling office will report billing information to the leadership of Grace Chapel.

Signature

Date

(After review by your counselor and/or the counseling director, the amount of your reduced counseling fee rate, based on the sliding scale, will be discussed with you. **Payment is due at time of service.**)