



Coastal Samaritan Counseling Center

Instilling hope and healing

Adjusted Fee/Client Assistance Fund Application

Adjusted Fee/Client Assistance Fund is available to those clients who are unable to pay full fee for counseling services. Proof of income must be provided prior to the first appointment.

Proof of income includes:

- Copies of your two most recent pay stubs for each household wage earner
- Copy of last year's tax return
- Statement letter from homeless shelter

CANCELLATION POLICY: In the event that you need to miss a scheduled appointment, please extend the professional courtesy of cancelling as early as possible, so that the hour reserved for you may be offered to someone else needing profession counseling services.

Failure to give a reasonable twenty-four (24) hour notification for cancellations to the Center will result in a minimum charge of thirty-five dollars (\$35.00). I understand that a thirty-five dollar (\$35.00) fee will be charged for no- shows and it must be paid prior to scheduling the next appointment. Your credit card/debit card on file will be charged for the no-show/late cancellation fee. For your convenience, the Center maintains a voice mail system that records messages 24 hour per day.

Name(s) of Applicant(s) _____

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

List ALL individuals in your household who contribute to the household income

Name of Household Member	Employer	Monthly Gross Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Additional Income

Child Support \$ _____

Unemployment Wages \$ _____

Other types of verifiable income
(Social Security, disability, retirement, etc.) \$ _____

I certify that I have read and understand the above information and that the information submitted is complete and accurate to the best of my knowledge.

Signature(s)

Date

FOR OFFICE USE ONLY

PROOF OF INCOME PROVIDED: YES _____ NO _____ APPROVED: YES _____ NO _____

APPROVED FEE: \$ _____ by _____ DATE _____