

**PATHWAY COUNSELING CENTER  
APPLICATION FOR FINANCIAL ASSISTANCE**

The fee for counseling is \$105.00 per fifty minute session. However, if you do not have health insurance covering our services, or would have difficulty paying the full fee based upon your family income, you apply for a fee reduction. This adjustment will be based upon our Center's Gross Family Income Adjusted Fee Scale.

**\*\*All fees for services must be paid at each session**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Married \_\_ Single \_\_ Number of persons living in the home: \_\_\_\_\_ Cell \_\_\_\_\_

Total gross family income: Week \$ \_\_\_\_\_, Month \$ \_\_\_\_\_, Year \$ \_\_\_\_\_

I (we) have health insurance coverage. Yes \_\_\_\_\_ No \_\_\_\_\_

Special circumstances that require application for assistance:

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I would like to request an adjusted payment. I understand the terms of this application and agree to pay my adjusted fee on a per session basis if approved.

The requested adjusted payment is \$ \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Therapist Signature