



SLIDING SCALE FEES: We believe money should never stand in the way of good counseling. We also believe that clients are adults and are well aware of what they can afford to pay. So we never request proof of income. We simply ask that you glance at the chart below. These are suggestions for what you might pay depending on family income and size. We trust and honor your decision.

SUGGESTED FEE SCALE
Household Size: Adults & Dependents

<u>Household</u> <u>Yearly Income</u>	<u>1-2</u>	<u>3-4</u>	<u><5</u>
0 to \$20,000	\$20	\$20	\$20
\$20,001 to \$25,000	\$25	\$20	\$20
\$25,001 to \$30,000	\$30	\$25	\$20
\$30,001 to \$35,000	\$35	\$30	\$25
\$35,001 to \$40,000	\$40	\$35	\$30
\$40,001 to \$45,000	\$45	\$40	\$35
\$45,000 to \$50,000	\$50	\$45	\$40
\$50,001 to \$55,000	\$55	\$50	\$45
\$55,001 to \$60,000	\$60	\$55	\$50
\$60,001 to \$65,000	\$65	\$60	\$55
\$65,001 to \$70,000	\$70	\$65	\$60
\$70,001 to \$80,000	\$80	\$70	\$60
\$80,001 to \$90,000	\$90	\$80	\$70
\$90,001 to \$100,000	\$100	\$90	\$80
\$100,000 and Up	\$110	\$100	\$90

Whatever fee you choose is paid at the time of service. If you fail to show for a scheduled appointment or do not call to cancel 24 hours before a scheduled appointment (386.492.6938), we ask that you pay half of the agreed upon fee.

The Rate I Choose _____

Client Signature _____

Date _____

Counselor/Therapist _____

Date _____