## Discounted/Sliding Fee Application

Date of Service

It is the policy of Willow Oak Counseling, LLP., to provide essential services at a discounted or sliding scale fee so as to avoid contributing to a financial burden on the client. This discount is based upon family income and size. Please complete the following information and return to your therapist of record at Willow Oak Counseling to determine if you or members of your family are eligible for a discount.

hope that your financia services. This form mu record if you have any	al situation improves, district be completed every sequestions regarding this	d at Willow Oak Counse scounts apply only to cu six months. Please ask y s form or the application	rrent, not future our therapist of
Number of persons live	ing in your household:		
Number of dependent children under the age of 18:			
Household Member	Annual Income	Monthly Income	Bi-Weekly Income
Self			
Spouse/Partner			
Total			
I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved.			
Name (print)		Date	
Signature			
Office Use Only			
Client Name		Discount	t

Approved by