

Alternatives in Psychological Consultation

Sliding Fee Application

It is the policy of Alternatives in Psychological Consultation (APC) to provide essential services regardless of a client's ability to pay. Discounts are offered based upon family income and size. Please complete the following information and return it to the front desk or to your therapist to determine if you are eligible for a discount.

The discount will apply to all services received at this agency. In the hope that your financial situation improves, discounts apply to current, not future, services. This form must be completed annually.

Number of related persons living in your household: _____

Household Member	Household Income (Complete One Column)		
	ANNUAL	MONTHLY	BI-WEEKLY
Self:			
Spouse:			
Dependent Children under age 18:			
Total:			

Note: Include income from all sources including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self-employment, alimony, child support, military, unemployment, and public aid.

Please include copies of the following applicable items with your application:

Last two pay stubs, tax returns from past year, W2 entitlements, and/or other information.

I certify that the family size and income information shown above is correct.

Name (print): _____

Signature: _____ Date: _____

For Office Use Only:

Client Name: _____

Therapist: _____

Discount: _____