



Adjusted Fee Application

To determine the percentage of fee adjustment you qualify for we will need you to complete the following information for anyone that contributes to your total household income,(self, spouse/partner, parent). You will need to provide documentation of income (pay stubs or check stubs or other paper work involved with income)

Name: _____
 Address: _____
 Employer: _____
 Employer Address: _____

 Phone: _____
 Start Date: _____ thru _____
 Current wage: _____
 Average hours worked per pay period _____
 Circle one: Full time / Part Time
 How are you paid? (circle one)
 Salary Monthly Bi-monthly Weekly

Name: _____
 Address: _____
 Employer: _____
 Employer Address: _____

 Phone: _____
 Start Date: _____ thru _____
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**ASSOCIATED
COUNSELING
GROUP**

◆ 748 N MAIN STREET ◆ FREMONT, NE 68025 ◆
◆ 402-941-7016 ◆

Please list all other forms of income that you or anyone in your household receives that contributes to your yearly income that are not acquired through employment. (pensions, state or federal assistance and so on.)

Income source	Income amount	Frequency received	Paid to
/	/	/	/
/	/	/	/
/	/	/	/
/	/	/	/

I here by attest that all the information reported is true and accurate to the best of my knowledge. I understand that I will be required to resubmit (quarterly) proof of income (pay sub or other income records) for anyone who contributes to the support of my household. I understand that should I be unable to submit proof of income when requested that the adjusted fee amount agreed upon by previously reported income will be void and I may be responsible for the current full session fee. I understand that I am responsible for accurately reporting any changes in the total household income (Employer changes, average hours work, pensions etc.) as soon as I am aware of the changes. I understand I need to inform the support staff of these changes. If at any time it is determined that I have falsified or misrepresented the total income for my household, I understand that I will no longer be eligible for the consideration of a fee adjustment. Should I wish to continue therapy, I understand I will be responsible for paying the current full session fee at the time of service. If it is determined that I in any way misrepresented my financial sanitation to gain a reduced fee rate or abuse the income consideration given me, I understand it may cause a notice of termination of services with referral to be given.

Client/ Party Responsible for payment of services

Date

For office use only

Proof of income received on _____
(date)

Number of pay periods provided for income verification _____

Dates for income review for next 12 months _____