TEMPORARY EMERGENCY FINANCIAL ASSISTANCE

FEE REDUCTION APPLICATION

Client Name: __________________________  Record Number: __________________________

Therapist Name: __________________________  Date: __________________________

DESCRIPTION
Counseling and psychotherapy is an investment in yourself, your relationship, and/or your family. For this reason it is important to pay a fee that reflects both the value of the services you are receiving as well as the importance you put on your growth as a person, couple, or family who is choosing to use these services. We have found that when our clients pay fees that reflect their level of commitment to the therapeutic process they tend to benefit more from our services.

Our standard fee for services is $120.00 per therapeutic hour or $180.00 for most couple and family sessions 80-minutes. If you or your household are experiencing significant financial hardship, our standard fee for services can be reduced to the amount recommended on our Fee Reduction Guidelines without completing this form. Your therapist will inform you what this amount is. If a temporary emergency need arises in which it is necessary to further reduce your contracted fee below the recommended amount, then this form must be completed and approved by both your therapist and your therapist's supervisor.

We are happy to support you and your goals in this way as a temporary solution, though typically we do not reduce our minimum fee for services below $25.00 per therapeutic hour or $37.50 per 80-minute session without justifiable cause, and then only for current clients for a specific short period of time. All we ask of you is that you work with your therapist, using the questions below; to find a temporary adjusted fee that is both doable for you (or your relationship or family) and is an accurate reflection of your investment in yourself (or your relationship) and the therapeutic process.

STATEMENT OF NEED
1. What is your household income? $________________________ per month / year

2. How many people are you supporting on this income? __________________________

3. Describe the circumstances of your financial situation that require a further fee reduction: __________________________

4. Please describe one or two therapeutic issues related to the circumstances of your present financial situation that would benefit from further discussion (such as loss of job, impulse shopping, credit card debt, family rules about money, difficulty maintaining a budget, etc.): __________________________
5. Please describe how this *Temporary Emergency Financial Assistance Fee Reduction Application* is both doable for you (or your relationship or family) and is an accurate reflection of your investment in yourself and the therapeutic process:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. *Noeticus Counseling Center* and your therapist will be investing a great deal of time and energy into you, your relationship, and/or your family during the course of this *Temporary Emergency Financial Assistance Fee Reduction Application*. What kind of investment in yourself, other than money, will you be making during this time?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. For how long are you requesting this *Temporary Emergency Financial Assistance Fee Reduction*?

- [ ] One Month or Four Sessions*
- [ ] Two Months or Eight Sessions*

* Whichever comes first

**I hereby authorize and agree to the terms and conditions of this application if it is approved.**

Client Name: ____________________________________________
Client Signature: __________________________ Date: __________

Therapist Signature: __________________________ Date: __________

**FEE SCHEDULE ADJUSTMENTS** *(Completed by Noeticus Supervisor after Application Review and Approval)*

The following reflects the *Temporary Emergency Financial Assistance Fee Reduction Adjustment* that has been applied for with the client and therapist and has been approved by the therapist’s supervisor:

- $_______ Revised Fee for Individual Psychotherapy
- $_______ Revised Fee for Couple or Family Therapy
- $_______ Revised Fee for Group Psychotherapy
- $_______ Other: __________________________________________

Supervisor Signature: __________________________ Date: __________