



Financial Agreement

The standard fee for counseling services at The Refuge Center is \$90 per clinical hour. Supplemental support is available for persons with financial need (sliding scale).

It cost The Refuge Center \$63 per session to provide services. If a client pays more then \$63 per session it allows the agency to provide services to individuals in financial need. 91% of our clients need financial assistance.

The sliding scale is based on gross annual household income and resources. Our minimum fee is \$15 per session and our maximum fee is \$90 per session. See attached sheet for more information about how your fee is determined.

Please complete the following information if you wish to apply for an adjusted fee. Should you desire to apply for the sliding scale fee, we will need to see a tax return to verify income.

Your Gross Annual Income:	\$ _____
If applicable, Spouse's Gross Annual Income:	\$ _____
Additional Resources used to cover expenses:	\$ _____
TOTAL:	\$ _____

The following shall be completed by the conclusion of the first session:

Client agreed upon fee per 45-50 minute session: \$ _____

The Refuge Center will raise \$ _____ to cover the remaining expenses for this client's services.

I/We agree to the payment of this fee as services are rendered, including late cancellations (less than 24 hours notice) and "no shows" as designated in policies of the counseling center.

Signed

Date

Signed

Date

Counselor approving this agreement:

Signed

Date