



Financial Agreement

The standard fee for counseling services at The Refuge Center for Counseling is \$110 per clinical hour. Supplemental support is available for persons with financial need (sliding scale).

It costs The Refuge Center for Counseling \$74 per session to provide services. If a client pays more than \$74 per session, it allows the agency to continue providing services to individuals in financial need. 87% of our clients need financial assistance.

The sliding scale is based on gross annual household income and resources. Our minimum sliding scale fee is \$25 per session and our maximum sliding scale fee is \$105 per session.

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 last year's tax return to verify income.

Your Gross Annual Income: \$ _____

If applicable, Spouse's Gross Annual Income: \$ _____

Additional resources used to cover expenses: \$ _____

TOTAL: \$ _____

Please list total number of people in your household: _____

To be completed with therapist during intake session:

Client agreed upon fee per 45-50 minute session based upon
The Refuge Center for Counseling's Sliding Scale: \$ _____

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

I agree to the payment of this fee as services are rendered, including late cancellations (less than 24 hour notice) and "no shows" as designated in The Refuge Center for Counseling's Practice Policies.

Client(s) Signature(s): _____ Date: _____