



Temporary Fee Reduction Request

Client Name: _____ Date: _____

Person Responsible for Session Fees: _____

Employer: _____

Spouse/Partner Employer: _____

Number of Dependents in home: _____

Ages of Dependents: _____

Types of government/other assistance received monthly. Please check all that apply:

- Cash Aid Amount: _____
- Food Stamps Amount: _____
- Cal Works Amount: _____
- School Grants Amount: _____
- Low Income Housing Amount: _____

Additional Income sources - (child support, alimony, parents, etc.):

Monthly combined gross Income (after taxes/take-home): _____

Approximate monthly expenses: _____

Number of members of family seeking therapy: _____

Please explain any extenuating circumstances that may qualify you for a temporary fee reduction (e.g. School loans, supporting elderly parents, child support, alimony, etc.):

Fee requested: _____

Agreed upon fee: _____

Client Initials Therapist Initials

Fees will return to full fee after a three month period unless a new Temporary Reduced Fee Application Form is submitted. You may request another form from the Therapist as needed or print one from www.counselingbydawn.com.