

Biblical Clinical Counseling Self Declaration Sliding Fee

I provide counseling services based on income so that lower income clients are able to receive counseling, regardless of their ability to pay the full fee, which is \$70 per 60-minute session (This fee is still lower than standard rates across the country).

Please review the chart below and determine your level of payment. As professing Christians, I trust you will accurately reflect your level of payment.

Annual Family Income	Fee Per Session	Fee Level
\$0 - \$ 40,000	\$45	Level 1
\$40,000 - \$55,000	\$50	Level 2
\$55,000 - \$65,000	\$55	Level 3
\$65,000 - \$75,000	\$60	Level 4
\$75,000 - \$85,000	\$65	Level 5
\$85,000 or higher	\$70	Level 6
(if parents are paying for adult children, use the income of the payer, not the client)		

If for any reason your financial circumstances change, please inform me so that we can adjust your fee accordingly.

My signature below indicates that I certify that I have reviewed the chart above and my fee level accurately reflects the income of the paying client (or parent/caregiver of client)

My Fee Level: _____

Name (Print) _____

Signature _____

Date _____