

CHARIS COUNSELING ASSOCIATES  
**APPLICATION FOR REDUCTION OF COUNSELING RATE AND/OR SCHOLARSHIP**

CHARIS has a long-standing commitment to make counseling affordable for those in economic need. Counseling fees depend on the counselor's credentials, service provided, length and frequency of sessions, and client's financial need. CHARIS has some scholarship assistance available. Speak with your counselor about any concerns you may have regarding payment.

STANDARD COUNSELING RATES (60 minutes): Doctorate level clinicians: \$240; Master level clinicians: \$185; Interns: \$35 - \$105; Group: \$55 per hour. (45 minutes): Doctorate level clinicians: \$180; Master level clinicians: \$140; Interns: \$80 - \$35; Group: \$55 per hour. STANDARD INTAKE RATES (60-90 minutes): Doctorate level clinicians: \$360; Master level clinicians: \$280; Interns: \$160 - \$70. Other counseling services are billed at a prorated rate. **Reductions and scholarships are based upon your combined gross (before taxes, deductions, etc.) household income and the Federal Poverty Level.**

Name(s): \_\_\_\_\_

Client(s) Names: \_\_\_\_\_

Total number of your dependents (you provide financial support for): \_\_\_\_\_

COMBINED GROSS INCOME from ALL SOURCES: \$ \_\_\_\_\_ (Annual Monthly) → Please include all sources of income from job(s), child/spousal support, private contracting, rental income, etc. **You will be asked to provide proof of income in order to receive scholarships.** Proof of income includes a written record of all income from the past 60 days, or the prior year's tax return.

Extenuating circumstances: \_\_\_\_\_

**I (We) hereby affirm the statements made above are truthful to the best of my (our) knowledge.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**RATE REDUCTION PLAN**

STANDARD INTAKE RATE (90 minutes): \$ \_\_\_\_\_ STANDARD COUNSELING RATE (60 minutes): \$ \_\_\_\_\_

INTAKE Rate discounted to: \$ \_\_\_\_\_ COUNSELING Session Rate discounted to: \$ \_\_\_\_\_

Additional Assistance (i.e. His Heart Scholarship; Charis Scholarship; church assistance, family, etc.)

\_\_\_\_\_ \$ \_\_\_\_\_ Source: \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ Source: \_\_\_\_\_

INTAKE Rate due at time of session: \$ \_\_\_\_\_ SESSION Rate due at time of session: \$ \_\_\_\_\_

To make the most of the assistance plan there are some policies:

- This plan will last 8 sessions or 8 weeks, **whichever comes first**. You may reapply for assistance as needed.
- The plan is intended for **weekly counseling sessions**.
- Your payment is due at the time of service.
- If additional assistance is coming from an outside source, a current Authorization to Release PHI, limited to financial information, is needed with this agency or person.
- **Failure to cancel appointments according to the policy outlined in the disclosure statement (e.g. 48 hour notice) will result in a Standard Late Cancellation Rate of \$100 for that missed session.**
- This reduction plan may be modified or voided if your balance due is greater than one session (e.g. you will be charged full fee at standard session rate of Provider if balance is unpaid longer than one calendar week).
- This reduction plan may be modified or voided: if any checks are returned NSF, if the NSF fees are not paid by the client, or the frequency of sessions becomes less than weekly.
- This rate plan applies to direct counseling and does NOT apply to other services.

**I (We) understand and agree to the terms of this Payment Agreement.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Revised 8/31/2023

OFFICE ONLY

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved Denied