

CHARIS Counseling Associates  
11802 N.E. 117th Avenue  
Vancouver, WA 98662  
(360) 891-2000

## CASH PAYMENT AGREEMENT PETITION FOR REDUCTION OF RATE/SCHOLARSHIP

CHARIS has a long-standing commitment to making counseling affordable, especially to those in economic need. Counseling fees range from \$10 to \$160 depending on the counselor's credentials, service provided, length of session, and client's financial need.

Standard Counseling Rates (45 minutes): Doctorate level clinicians: \$160; Master level clinicians: \$110; Interns: \$55; Group: \$55 per hour. Standard Initial Appointment Rates (90 to 120 minutes): Doctorate level clinicians: \$320; Master level clinicians: \$220; Interns: \$110. Other services are billed at a prorated rate.

Rates are based upon combined gross (before taxes, deductions, etc.) household income.

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

Number of people living with you: \_\_\_\_\_

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

Combined Income for all sources: \$ \_\_\_\_\_ (Annual Monthly)

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

Anticipated Change to Circumstances: \_\_\_\_\_

**I (We) hereby affirm that statements made are truthful to the best of my (our) knowledge and that I (we) cannot afford the standard fees listed above.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## RATE REDUCTION PLAN

Standard Counseling / Appointment Rate: \$ \_\_\_\_\_

Rate discounted to: \$ \_\_\_\_\_

### Additional Options

Other financial assistance: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Other financial assistance: \$ \_\_\_\_\_ Source: \_\_\_\_\_

This reduction of rates will last \_\_\_\_\_ (number of sessions) or until \_\_\_\_\_ (date), whichever comes first. It may be renegotiated as needed. Failure to cancel appointments according to the policy outlined in the disclosure statement (e.g., 24 hour notice) will result in a Standard Rate (full fee) charge for that session. Any checks returned NSF will void this rate reduction plan.

**I (We) understand the terms of the Rate Reduction Plan and agree to abide by it.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE

Approved Denied

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

Revised 03/01/2017