Bellingham Family Counseling Discounted Fee Application

In an attempt to provide essential services regardless of the Client’s access to insurance. Discounts of up to 50% are offered based on family size and annual income. Please complete the following information and return to Bellingham Family Counseling at 1010 Harris Ave, Suite 202, Bellingham WA or by fax to (360) 255-0655 to determine if you or members of your family are eligible for a discount. This form must be completed every 12 months or if your financial situation changes.

|  |  |
| --- | --- |
| **Name of Head of Household** | **Place of Employment** |
| Address: |  |
| Phone: |

Please list spouse and dependents under the age of 18 living in your home

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date of Birth/age** | **Name** | **Date of Birth/age** |
| Self |  | Dependent |  |
| Spouse |  | Dependent |  |
| Dependent |  | Dependent |  |
| Dependent |  | Dependent |  |

**Annual Household Income**

|  |  |  |  |
| --- | --- | --- | --- |
| Gross wages, salaries, tips | Self | Spouse | Total |
| Income from business, self-employment, and dependents |  |  |  |
| Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income |  |  |  |
| Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources |  |  |  |
| **Total Income** |  |  |  |

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

**Recent Change in Financial Income**

|  |  |
| --- | --- |
| Reason: job loss, separation of households, medical, other… |  |
| Monthly Income | As of Date: |

**I certify that the family size and income information shown above is correct.**

**Name:­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

**- - - - - - - - - - - - - - - - - -- - - - - - - - - - - - - - - - - -- - - - - - - - - - - - - - - - - -- - - - - - - - -**

**For Office use Only:**

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Discount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
| **Verification List** | **Yes** | **No** |
| Income: Prior year tax return, three most recent pay stubs, or other |  |  |
| Insurance: Insurance Cards |  |  |

Bellingham Family Counseling Discount Schedule

\*Individual Private Pay Full Fee $105.00 per 55-60 minute session.

|  |  |  |
| --- | --- | --- |
| **Poverty Level** | Net Annual Income up to 250% of the FPL | Net Annual Income  Up to 300% of the FPL |
| **Percent discount** | 50% | 40% |
| **Discount Fee** | $52.50 | $63.00 |
| **Family Size** |  |  |
| **1** | $15,783- $30,350 | $30,351-$36,420 |
| **2** | $21,399-$41,50 | $41,150-$49,380 |
| **3** | $27,015-$51,950 | $51,951-$62,340 |
| **4** | $32,631-$62,750 | $62,751-$75,300 |
| **5** | $38,247-$73,550 | $73,549-$88,260 |

\**This includes family sessions with an individual identified as the primary client*