



**Special Circumstances Fee Adjustment Application**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (home or cell) \_\_\_\_\_ (wk) \_\_\_\_\_

Name of person completing form (if other than client): \_\_\_\_\_

Therapist's Name: \_\_\_\_\_

The following information is to assist us with how we may best make financial adjustments in determining your fee. All information will be kept confidential.

**Family Income:**

Please include all members of the household who contribute more than \$500/year to your family income.

Gross annual wages:  
Self: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Other members: \_\_\_\_\_

Child Support (total): \_\_\_\_\_  
Other income: \_\_\_\_\_

**Total Household Income** \_\_\_\_\_  
\_\_\_\_\_

Savings: \_\_\_\_\_

Number of dependents: \_\_\_\_\_

Number of children in college: \_\_\_\_\_

**Family Expenses:**

Please list all customary expenses per MONTH, plus any unusual debts or expenses.

Charitable donations: \_\_\_\_\_  
House payment/rent: \_\_\_\_\_  
Transportation  
Car payment: \_\_\_\_\_  
Gas: \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Total of utilities: \_\_\_\_\_  
Food: \_\_\_\_\_  
Clothing: \_\_\_\_\_

Insurance: \_\_\_\_\_  
Committed monthly payments  
Credit cards: \_\_\_\_\_  
Loans: \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

**Total Household Expenses** \_\_\_\_\_

How much do you think you can afford to pay per visit? \_\_\_\_\_

Fee adjustments are reviewed every 90 days, but please let us know any time your financial situation changes significantly so that we can reconsider your status and adjust the fee appropriately. This information would include any change in employment or debt retirement.