



Client Application

The Safe Haven Counseling Foundation exists to make mental health care affordable, regardless of income. Please complete the following information to apply for financial assistance to see a counselor within our network. Assistance is provided based on financial need, availability of funds, and availability of counselors. Submit completed application to SafeHavenCounselingFoundation@gmail.com.

The sliding scale is based on gross annual household income and resources. Our minimum fee is \$40 per session which will be paid directly to counselor providing services at time of service.

Please complete the following information if you wish to apply for an adjusted fee. Should you desire to apply for the sliding scale fee, we will need a copy of last year's tax return or your two most recent paystubs to verify income.

Your Gross Annual Income: \$ _____

If applicable, Spouse's Gross Annual Income: \$ _____

Additional Resources used to cover expenses: \$ _____

TOTAL: \$ _____

**Please list total number of people in your household: _____

The following shall be completed by the conclusion of the first session:

Client Demographic Information

Name: _____ Date of Birth: _____

Gender: _____ Race: _____

Phone Number: _____

Email: _____

Address: _____

Presenting Issues: _____

Signed

Date

FOR OFFICE USE ONLY: Date Reviewed _____ Reviewed By: _____

Approved Denied Client Number: _____ Fee: _____