

## SLIDING FEE SCALE

ANNUAL INCOME	LICENSED PROFESSIONAL COUNSELOR INTERN (LPC-I)  Licensed Clinical Dependency Counselor Intern (LCDC-I)	LICENSED PROFESSIONAL COUNSELOR (LPC)  Licensed Clinical Social Worker (LCSW)  Licensed Clinical Dependency Counselor (LCDC)	LICENSED PROFESSIONAL COUNSELOR SUPERVISOR (LPC-S)  NATIONALLY CERTIFIED COUNSELOR (NCC)
<\$20,000	\$45	\$55	\$70
\$20,000 - \$35,000	\$50	\$60	\$80
\$35,000 - \$50,000	\$55	\$65	\$90
\$50,000 - \$60,000	\$60	\$70	\$100
\$60,000 - \$70,000	\$65	\$75	\$110
\$70,000 - \$80,000	\$70	\$80	\$120
>\$80,000	\$75	\$85	\$130

- Fees are as of January 1, 2018 and are adjusted periodically.
- Sliding fee scale is based on the average family of 2-4 people and can be adjusted higher or lower based on the number of people living in the home.
- Fees agreed upon under previous slide fee scale charts will remain in effect and be honored for the duration of the client's time with Safe Haven Counseling Center
- Other extenuating circumstances regarding ability to pay (ex. High medical bills, etc) can be documented below and taken into account when agreeing upon a fee.
- Sliding Scale is based on honor of client. If any changes arise in income, please notify Safe Haven Counseling Center so adjustments can be made to fee.
- Fees above are based on a regular 45-50 minute session
- Fees will be adjusted for a session lasting 25-30 minutes, 60 minutes or longer sessions and/or group sessions
- Sliding fee clients pay the same rate for an intake session as for a regular session.
- Immigration services are \$600 for two-hour intake process, developing paperwork for the attorney, a follow up session to review documents and delivery of final product to attorney and/or client.
- Mental Health Assessments are \$150 and are additional to your session.

## FINANCIAL AGREEMENT

By signing below I agree to the above fee schedule and understand payment (cash, check, or credit card) is due in full at the beginning of each counseling session. If a check is returned, I understand that I am responsible for the \$25 return check fee as well as the balance prior to any future sessions. I also understand that if I fail to cancel a session within 24 hours or do not show for a session, I will be charged my session fee.

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 Signature of Client (parent if minor)

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 Date