



## CLIENT FINANCIAL AND TERMS AGREEMENT DURING COVID

The standard rate for a 50-minute counseling session is \$150.00. As Turning Point Center for Families is a low-cost agency, our fees are based on a sliding scale, which allows individuals, couples and families to receive affordable counseling. If you have any questions about the fee structure below, please ask your counselor. The first session, called an Intake Session, is \$30.00.

### Client Fee Arrangement:

The chart below indicates a family's monthly income range and Turning Point's hourly counseling fee associated with that income. "Income" refers to ALL sources, including child support, alimony, AFDC, Social Security, Disability, food stamps, etc. Please locate your monthly income and indicate it in the space below and check all items for Proof of Income.

Net Monthly Income	Fee per session
\$ 0 - \$500	\$ 20.00
\$ 501 - 1000	\$ 25.00
\$ 1001 - 1500	\$ 30.00
\$ 1501 - 2000	\$ 35.00
\$ 2001 - 2500	\$ 40.00
\$ 2501 - 3000	\$ 50.00
\$ 3001 - 3500	\$ 70.00
\$ 3501 - 4000	\$90.00
\$ 4001 - 4500	\$115.00
\$ 4501 - 5000	\$140.00

<p><b>Proof of Income</b> (Check all that apply &amp; attached copies)</p> <p><input type="checkbox"/> W-2</p> <p><input type="checkbox"/> Paystub</p> <p><input type="checkbox"/> Bank Statement</p> <p><input type="checkbox"/> Letter from Employer</p> <p><input type="checkbox"/> Child Support</p> <p><input type="checkbox"/> Alimony</p> <p><input type="checkbox"/> AFDC</p> <p><input type="checkbox"/> Social Security</p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Food Stamps</p> <p><input type="checkbox"/> Other: _____</p>
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Total hourly per session fee\*: \$ \_\_\_\_\_

**\*(Note: Minimum session fee is \$20.00)**

I understand that payment is expected at time of service. A receipt will be provided upon your request.

I also understand that CANCELATIONS MUST BE MADE 24 HOURS IN ADVANCE OR FULL FEE WILL BE CHARGED since the scheduling of an appointment involves the reservation of time specifically for you, the client. Monday appointments should be cancelled by 12:00 noon on Friday.

THE ORIGINAL FEE is subject to periodic change.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If parties other than client responsible for Client Fee complete the below: (*Wraparound, Social Worker, Boss etc.*)

**Agency:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Fax #:** \_\_\_\_\_

I authorize the release of information to the party listed above for payment collection.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_