

FFCC Sliding Fee Scale or Scholarship Request Application Form

Are you applying for: Sliding Scale Fee Scholarship

Client Information			Today's Date: / /	
First Name:	Middle:	Last:	FFCC Counselor's Name:	
Home Address:		City:	State:	Zip:
Mailing Address:		City:	State:	Zip:
Home Phone #: () -		Home Phone #: () -		
Date of Birth: / /	Social Security # - -	Are you applying for: <input type="checkbox"/> Sliding Scale Fee <input type="checkbox"/> Scholarship		
Marital Status:	Single	In a relationship	Married	Divorced
			Separated	Widowed

Household Size		
Name	Date of Birth	Social Security Number
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -

NOTE: To comply with our FFCC policies, and in order to give you a discount on our counseling services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year.

Your yearly income tax return, a copy of your W-2 form, last month's paycheck stubs, copies of your social security checks, or other checks you may receive will be sufficient proof. Your annual income and your family size will be used to calculate your discount.

Household Income			
Name	Amount	Frequency (Circle one)	Employer:
You	\$	Weekly Monthly Yearly	
Spouse	\$	Weekly Monthly Yearly	
Children	\$	Weekly Monthly Yearly	
Other	\$	Weekly Monthly Yearly	
	\$	Weekly Monthly Yearly	
TOTAL	\$	Weekly Monthly Yearly	

Other Income	You	Spouse	Children	Other	Subtotal
Social Security					
Public Assistance					
Retirement Pension					
Food Stamps					
Child Support, Alimony					
Interest Income					
Other					
				TOTAL	\$



I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee or Scholarship use program. I further agree to inform Family Focus Christian Counseling if there is a significant change in my income. If acceptance to the sliding fee or Scholarship program is obtained under this application, I will comply with all rules and regulations of Family Focus Christian Counseling. I hereby acknowledge that I read the foregoing disclosure and understand it.

Date: _____ Name (Print): _____

Signature: _____

For Office Use Only:	Received: ___/___/___	Initial: _____
Counselor applying for client's sliding scale/ scholarship assistance:		

Name	Date: _____	
Approved by Executive Director of FFCC:		

Joan M. Bosky, Executive Director	Date: _____	
Number of Sessions Approved: _____		
Comments:		

