

# Sylvia Clemons

Licensed Professional Counselor, Licensed Chemical Dependency Counselor

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## Application for Adjustment of Counseling Fee

**Please print or write legibly.**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phones: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_

**Please read and complete the following, sign and date at the bottom of the page:**

I wish to apply for a sliding scale fee. I do not have insurance that will pay for mental health counseling and I am unable to afford the full fee for such services.

At the present time, the total gross annual income for my household is \_\_\_\_\_. I understand that, according to the chart below, my fee would be \_\_\_\_\_ per session.

As the person responsible for payment of the fee, I hereby indicate that the information I have given above is true and accurate to the best of my ability. I agree to pay the fee indicated above as it has been discussed with me.

### Sliding Scale Fee Schedule

#### Cost Per Session Based on Household Income

Household Gross Annual Income	Fee Per Session
0 - \$20,000	\$40.00
\$20,001--\$30,000	\$50.00
\$30,001--\$40,000	\$65.00
\$40,001--\$50,000	\$80.00
\$50,001 and above	\$100.00

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_