

Sliding Fee Scale Application

It is the mission of Bethel Haven to provide professional therapy at an affordable rate. To complete this application, please initial by the household income level that you qualify for and complete and sign the form below. This form must be completed to be considered for an adjusted rate. Please attach a current pay stub, W2, or most recent tax return for each adult family member and submit the application to office@bethelhaven.net by one week prior to your first appointment.

<u>Household Income</u>	<u>Individual Session</u>	<u>Couples or Family Session</u>
_____ College Student *	\$55	
_____ Session with a graduate intern	\$45	\$60
_____ \$49,000 & under	\$60	\$75
_____ \$50,000-\$69,000	\$70	\$85
_____ \$70,000-\$89,000	\$80	\$95
_____ \$90,000 & above	\$90	\$105
_____ I do not wish to disclose income information at this time and agree to pay \$90 for individual sessions and \$105 for a couples or family session.		

**I certify the above is true and correct and if my financial position changes I will update my information. I agree that per the above scale, my rate, is _____.

Name _____

Signature _____ Date _____

This form and supporting documents can be emailed to office@bethelhaven.net
or brought to the office at
1622 Mars Hill Road Suite A Watkinsville, GA 30677.

Questions may be addressed to office@bethelhaven.net.

(SSC - 04/2023)