

Highline Counseling Group

Main Office: 1400 S. Colorado Blvd. #410, Denver CO 80222

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APPLICATION FOR DISCOUNTED FEE

On occasion, fees are subsidized for clients in need. HCG has a limit on its ability to subsidize and reduce fees. Reduction in fees will be periodically reviewed.

Upon completion, please return this form to your counselor.

Applicant's Name _____ Telephone Number _____

Address _____

Spouse's Name _____ Number of Dependents _____

Reason for making application _____

Applicant's Employer _____

(Company Name and Address)

Applicant's Monthly Income _____ Spouse's Monthly Income _____

Total Monthly Expenses _____

PLEASE ATTACH PROOF OF INCOME

i.e. PAY STUBS FOR LAST 2 PAY PERIODS, or first two pages of last year's tax return if self-employed with SSN redacted

If you have any special circumstances that you would like to be made known, please list them below (please note if you are in ministry and in what position and whether full or part-time)

Who is financially responsible for the fee? _____

By signing this document, I release this information to my counselor and the necessary board members of HCG to make the decision on discounted fees.

I affirm that all information included in this application is correct and complete.

(Signature of Applicant)

Date _____

For Office Use Only

Date received for consideration _____

Subsidized fee _____

Counselor _____

Director's Decision on fee _____