

## Highline Counseling Group

Main Office: 1400 S. Colorado Blvd. #460, Denver CO 80222

South Office: 8 W Dry Creek Cir, Ste 208, Littleton, CO 80120

Phone: (303) 321-1113 Fax: (303) 757-7275

### *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 selfemployed 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 \_\_\_\_\_

<u>For Office Use Only</u>	
Date received for consideration _____	Subsidized fee _____
Counselor _____	Director's Decision on fee _____