



Metropolitan Counseling Services

2801 Buford Highway, NE Suite 470
Atlanta, GA 30329
404-321-1794

Fee Adjustment Application

CLIENT INFORMATION

Name: _____ Intake date: _____
Therapist: _____ Phone: _____

POLICY

We believe everyone should have access to quality, affordable mental health care. In order to assure that every client who needs help receives it, we ask our clients to provide proof of total household income, and to reevaluate their ability to pay for services every 6 months, or anytime there is a change in income, so that others in need of therapy can also receive assistance.

Our sliding scale is based on your total household income, that is, all income earned by you and by any adults living with you (parents, partners, spouses), excluding roommate situations. In addition, it is also based on the number of dependents living in your household.

In order to verify your income, please provide all documents below that are relevant to your situation. Your therapist will verify your income based on these documents, set your fee accordingly, and you will take your documents with you (we will not keep copies).

DOCUMENTS: Check and provide all that apply

Most recent tax return (Both pages of 1040, or page 1 of 1040EZ. Previous year OK if you have not yet filed for the current year)

OR

Most recent W2 or 1099 (previous year OK if you have not yet filed for the current year)

Two most recent pay stubs for all jobs

Proof of student loan income (1098T)

List of other sources of income. Examples include disability, Social Security, retirement, annuities, unemployment

OFFICE USE ONLY:

Document provided: _____

Income total verified: \$ _____

*Total taken from #7 of 1040/1099,
#5 of 1098T

CANCELLATION POLICY: Please read and initial

_____ I understand that MCS will charge me a session fee if I do not cancel my appointment 24 hours prior to the scheduled appointment time or if I do not show up for my session.

CONSENT TO POLICIES: Please read and initial

_____ The documents I have provided are both accurate and complete. I have disclosed all household income.

Signature _____

Date _____

OFFICE USE ONLY: Approved: _____

Date: _____

Total income calculated: _____

Fee: _____