

***Real Solutions Counseling, LLC***

*1011 W. Williams St., Ste. G, Boise, ID 83706*

*Phone: (208) 991-0222 Fax: (208) 344-0014*

APPLICATION FOR SLIDING FEE SCALE COUNSELING SERVICES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Number of Household Family Members: \_\_\_\_\_

Names of Household Family Members \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual Household Income: \_\_\_\_\_

or Monthly Household Income: \_\_\_\_\_

Other important information or circumstances that would be helpful to the evaluation of a reduced fee for services: \_\_\_\_\_

\_\_\_\_\_

I attest that the information provided is accurate and realize that any false information provided may lead to loss of reduced fee privileges. This information needs to be updated annually or as your circumstances/income changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use Only**

**Approved Discounted Rate:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**Date:** \_\_\_\_\_