**Application for Reduced Fee**

***Please email, fax, or attach a copy of a recent paycheck stub and/or other income information to this application.***

**Instructions:**

* To fax, please fax this Application and copy of a recent pay stub or copy of the first page of your tax return to Redeemer Counseling Services, confidential fax number: 212-252-0649.
* To submit by email, please attach a scanned copy of your paycheck or first page of tax return to the email: [rcs@redeemer.com](mailto:rcs@redeemer.com)
* Reduced fees are based on current income. Therefore, fees are adjusted when income changes.
* Questions? Contact the Services Coordinator at 212-370-0475 x1365, or rcs@redeemer.com

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | |  | | |
| Name: | | | | | Date: | | |
| Full-time Work | Part-time Work. Hours per week: | | | | Employer: | | |
| Full-time Student | Part-time Student | | Not Employed | | School: | | |
| New RCS Client | Current/Former client, counselor: | | | | | Other: | |
|  | | | | | | | |
| **Spouse & Family Information** (please include other income earners in your family such as spouse/partner) | | | | | | | |
| Other income earner name: | | | | | Relationship to you: | | |
| Occupation and status: | | | | | Employer: | | |
| Number of Dependents in family: | | Names and Ages: | | | | | |
| Total number of family/household members: | | | | | | | |
|  | | | | | | | |
| **Family/Household Annual Income** | | | | | | | |
| Please enter **Adjusted Gross Income** (pre-tax) of most recent tax return: $       Year | | | | | | | |
| Single Return  Joint Return | | | | | | | |
| Has your employment changed since your last tax return?  Yes  No | | | | | | | |
| If yes, explain: | | | | | | | |
| Has your household/family income changed since your last tax return?  Yes  No | | | | | | | |
| If yes, explain: | | | | | | | |
|  | | | | | | | |
| **Family/Household Current Monthly Income** | | | | | | | |
| Gross monthly wages or salaries (pre-tax) personal income: | | | | | | | $ |
| Gross monthly wages or salaries (pre-tax) from other family members: | | | | | | | $ |
| Income from other sources: Please explain: | | | | | | | $ |
| **Gross Monthly Family/Household Total:** | | | | | | | **$** |
|  | | | | | | | |
| **Additional Information** | | | | | | | |
| Do you have Out-of-Network Insurance Benefits for Mental/Behavioral Health Services? | | | | | | | |
| Is there any additional information you would like us to consider? | | | | | | | |
| Signed | | | | Date | | | |