**Please submit with proof of income: a recent paycheck stub, or copy of the first page of most recent tax return.**

* Fax: 212-252-0649, include: Application & a copy of a recent pay stub or copy of the first page of most recent tax return.
* Email: [rcs@redeemer.com](mailto:rcs@redeemer.com), include: Application & a copy of your paycheck or first page of most recent tax return.
* Reduced fees are based on current income. Therefore, fees are adjusted when income changes.
* We recommend all clients call their medical insurance company to inquire about Out-of-Network Insurance Benefits for Mental/Behavioral Health Services.
* Questions? Contact the Services Coordinator at 212-370-0475 x0, or rcs@redeemer.com.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | |  | | |
| Name: | | | | | Date: | | |
| Full-time Work | | Part-time Work. Hours per wk: | | | Employer: | | |
| Full-time Student | | Part-time Student | Not Employed | | School: | | |
| New RCS Client | | Current/Former client, counselor: | | | | Other: | |
|  | | | | | | | |
| **Spouse & Family:** | | | | | | | |
| Name: | Occupation/Status: | | | | Employer: | | |
| Number of Dependents in family: | | | Names and Ages: | | | | |
|  | | | | | | | |
| **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: | | | | | | | |
|  | | | | | | | |
| **Current Monthly Income: Personal & Spouse Income** | | | | | | | |
| Gross monthly wages or salaries (pre-tax) personal income (include severance pay): | | | | | | | $ |
| Gross monthly wages or salaries (pre-tax) from spouse: | | | | | | | $ |
| Monthly income, other sources (unemployment, rental property, SSI, SSDI, stocks, bonds, trust fund): | | | | | | | $ |
| **Gross Monthly Family/Household Total:** | | | | | | | **$** |
|  | | | | | | | |
| **Savings & Assets (Not including real-estate or retirements funds)** | | | | | | | |
| Do you have a savings account, stocks (matured/vested), bonds, mutual funds or a trust fund?  Yes  No | | | | | | | |
| If so, what is the value:  below $50,000  $50,000 - $199,999  $200,000 - $499,999  $500,000+ | | | | | | | |
|  | | | | | | | |
| **Comments & Additional Information** | | | | | | | |
| Is there any additional information you would like us to consider? | | | | | | | |
| Signed | | | | Date | | | |