



# Kindred Counseling Center

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## Reduced Fee Agreement

This agreement is for clients in need of a reduced fee due to financial hardship. I have a limited number of scholarships to help members of the community in times of need. Therapists are ethically bound to document the reason for this accommodation and to revisit the agreement on a regular basis. Please know that this is not intended to be intrusive but to support the justification why one client may be paying less for the same services as another.

Please provide the necessary information and your signature with today’s date as indicated below. Should your situation change prior to the date indicated below, it would be much appreciated for you to let me know as soon as possible so that your scholarship may be passed on to someone else in need.



I, \_\_\_\_\_ (Client), hereby request a scholarship from Meghan Jerry, LMFT by reducing the usual fee of \$200 for a 50-minute appointment to the reduced rate of \$ \_\_\_\_\_ for the following reason(s):

- I and/or someone in my family who helps pay our expenses has incurred unforeseen expenses recently, and I/we need time to catch up. These expenses were for: \_\_\_\_\_
- I or someone in my family who helps pay our expenses is receiving reduced pay for the following reason(s): \_\_\_\_\_
- I or someone in my family who helps pay our expenses is without employment at the moment, and I/we agree to work toward finding employment.
- I or someone in my family who helps pay our expenses is ill and cannot work.
- Other reason(s). Please describe: \_\_\_\_\_

Your signature below indicates that you understand that this agreement will be reviewed on a quarterly basis to determine if you are still in need of financial assistance. You also understand that the scholarship is based on true need as well as “on your honor” to make this determination and communicate it accurately to your therapist.

This Agreement will be reviewed 3 months from today’s date, which is \_\_\_\_\_.

Printed Name (Client or Parent/Guardian)	Signature of Client	Date
Printed Name, Age (Minor)	Signature of Minor	Date