

Counseling Connections for Change, Inc.
Mental Health Matters!

Client’s Printed Name: _____ Client’s Date of Birth: _____

Current Home Address: _____
Street City/State Zip Code

2018 Services and Standard Fee Schedule

Counseling Connections provides individual, couples, family, and group counseling services, as well as skill-building and preventative education programs like *Netsmartz Social Media Awareness, Ask About Suicide Prevention, Boundaries for healthy teen relationships, Chaperone Training, Love U2 Relationship Training, and Sexting-for court referrals of youth.* In addition to our counseling and education programs, we provide clinical supervision for mental health professionals seeking licensure. Because we are mission driven, we’d love to come to your organization and provide information about mental health related issues. Please let us know if there is a topic you are interested in, and we’ll be sure to see if we can accommodate.

Our desire as a 501(c)(3), nonprofit Christian counseling center is to serve our clients with excellence! Every effort is made to accept all appropriate referrals regardless of one’s ability to pay. By completing this form, our agency is better able to systematically assess and meet the needs of our clients through grant funding and donor support.

We recognize that some individuals have access to healthcare benefits while others do not. We also understand and respect your right to choose how you’d like to pay for your mental healthcare, which is why we are committed to providing you both options.

- 1. We accept all major mental health insurance plans including most Medicaid managed care plans, and Tri-care for our military families.*
- 2. We accept all forms of payment (cash and credit), and offer a sliding scale option when our standard rates are cost prohibitive.*

Below is a list of our standard fee schedule per billable hour. Some providers may offer reduced rates.

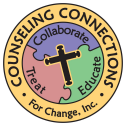
Initial Diagnostic Counseling Session	\$125	Education Classes (insurance not billed)	\$75
Follow-up Counseling Session (45-50 min)	\$110	Outside Speaking Engagements	\$100
Group Counseling Session (ins. not billed)	\$25-\$35	Letter Writing (billed/quarter hour)	\$50
Specialized Assessments	\$100	Report Writing for court	\$100
Court Appearance (3 hr. min. due before)	\$150	Clinical supervision (Individual/group)	\$100/\$50
Late Cancellation/No-Show (48 hours)	\$35	Insufficient Funds Charge	\$35
SYMBIS Marriage Assessment and Feedback Sessions (One assessment and 6 sessions)			\$485

I plan to utilize my mental healthcare benefits for this course of treatment.

I plan to pay the cash rate and/or submit an application for the Sliding Scale option.

Client signature/parent or guardian representative

Date



Client Name: _____ Date of Birth: _____

2018-Financial Determination Form

In order to serve at the capacity we've been called to serve, our nonprofit agency depends on the generosity of donor contributions and grant funding, which includes, but is not limited to funding through local foundations, civic organizations, churches, and the City of Pearland-Community Development Block Grant, which is part of the federal government's Department of Housing and Urban Development.

At times, funding may be available to help offset the direct costs to you, the client, so be sure to communicate if you have a financial assistance need. Regardless of the level of income you claim below, there may be alternative options not specifically related to money, so be sure to complete this form in its entirety.

Data Collection of demographic information (Personal Health Information-PHI) is necessary to fulfill our mission as a nonprofit organization and seek outside funding support. While this information will be added to your permanent health record, we take every precaution to protect your specific PHI including, but not limited to your name, date of birth, and address. We use patient numbers to generate necessary reports, but in most instances we provide groupings of data rather than specifics.

Please answer the questions below:

1. How many household members claim your address as a primary residence? _____

2. What is the household income level for all household members combined?

less than \$35,150 \$35,151 - \$40,200 \$40,201 - \$50,250 \$50,251 - \$54,250

\$54,251 - \$58,300 \$58,301 - \$62,300 \$62,301 - \$66,300

Our annual household income is greater than the amount listed above, and is estimated at \$ _____

+++++

Please turn to the other side to complete this form.

3. Please complete the table below listing **all individuals** living in your household and provide requested information as follows:

- **Full First and Last Name**
- **Date of Birth** (MM/DD/YYYY)
- **Gender** – Male; Female; or Decline to Specify
- **Marital Status** – Married; Divorced; Single (never married); Widowed; Legally Separated; or Unknown
- **Ethnicity** – Hispanic/Latino or Not Hispanic/Latino
- **Race** – White; Black/African American; American Indian/Alaskan; Asian; Native Hawaiian/Pacific Islander; or Decline to Specify
- **Employment Status** – Full-time; Part-time; Full-time student; or Unemployed
- **Special Populations** – Female head of household; Disabled; Over 65 years of age; Military Service – Active, Retired, or Spouse/child

First and Last Name	Date of Birth	Gender	Marital Status	Ethnicity	Race	Employment Status	Special Populations

***By signing below, I attest that the above information is true to the best of my knowledge.**

Printed Name of Client or parent/guardian representative

Date

Client signature or parent/guardian representative

Date

Verified by CC4C administration _____ (scanned insurance, financial documents, and driver’s license)
CC4C staff Initial