

SECOND GROWTH



Services in support of safe and successful young lives

Client name _____

Contact phone (____) _____

Referred by _____

Parent/guardian name _____

Contact phone (____) _____

Mailing address _____

I understand the counseling services at Second Growth are billed at \$50/hour and \$30/ half hour. I agree to make payment at the time the appointment is held .

(signature of financially responsible party)

(date)

Please complete the following if you are applying for the sliding scale fee structure:

Household size : How many adults/children are living in your household? _____

Income: Household income (before tax and with holdings) Per Month

Earned income \$ _____

Other income \$ _____

(unemployment, disability income, child support, public assistance)

Total household monthly income (before tax) \$ _____

