FCC
Family Concern Counseling

SLIDING FEE SCHEDULE

Individual, Couple, or Family Counseling

Monthly Household Income	1-4 Dependents	5 or more Dependents
Over $6,000	$130	$95
$5,000-5,999	$90	$85
$4,000-4,999	$80	$75
$3,000-3,999	$70	$65
$2,000-2,999	$60	$55
$1,000-1,999	$50	$45
Under $1,000	$40	$35

Revised January 2017

FCC
Family Concern Counseling

Sliding Fee Agreement

This agreement is between Family Concern Counseling and my counselor to confirm that I do not have insurance, or I prefer to pay out of pocket for counseling services.

I, hereby, affirm the information selected below is correct and truthfully represents my combined family income and the dependents our household is responsible for.

Monthly Household Income	1-4 Dependents	5 or more Dependents
Over $6,000	❑ $130	❑ $95
$5,000-5,999	❑ $90	❑ $85
$4,000-4,999	❑ $80	❑ $75
$3,000-3,999	❑ $70	❑ $65
$2,000-2,999	❑ $60	❑ $55
$1,000-1,999	❑ $50	❑ $45
Under $1,000	❑ $40	❑ $35

Client/Parent/Guardian Signature _____ Date _____

Office Use Only

Final agreement notes $_____

Counselor _____