

# Stillwater Wellness - Sliding Scale Fee Form

## Client Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Income Information

Type of Income: \_\_\_\_\_

Employer: \_\_\_\_\_

Household Income: \_\_\_\_\_

## Current Life Circumstances

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Sliding Scale Fee Determination

Fees range from \$50 to \$150 based on household income and current life circumstances.

Determined Fee: \$\_\_\_\_\_

*Note: I provide a limited number of reduced rate sessions on a sliding scale.*

*When this form is complete, please email it to: Jen@stillwaterwellness.life*