



Blue Couch Access Program Request Application

Complete this form to request a reduced fee based services

Sliding scale spots are limited and based on financial need. Please fill out the form completely and upload two documents for review. A member of our team will get back to you within 5 business days. By completing this form, the client acknowledges requesting a reduced fee and agrees to the following terms: The rate is determined from the information provided and reflects the client's current ability to pay. The rate is reviewed every __3__ months and may change based on updated financial information or circumstances. The client will notify the therapist if their financial situation improves. If the client is unable to continue at the agreed rate, they agree to discuss changes with the therapist. Missed session and cancellation policies apply regardless of the fee rate.

Client Name *

First Name

Last Name

DOB *

Month

Day

Year

Phone Number *

Please enter a valid phone number.

Email *

example@example.com

Number of Dependents *

Therapy Information

Last Session Date

Therapist Name

What is a resonable amount you can you pay per session (\$ per session) *

Blue Couch Therapy's Individual Session Fee (\$ per session)

Sliding Scale Review Interval (months) *

Please upload two of the following to confirm eligibility:

1. Recent pay stubs (last 2 months) 2. Last year's tax return (first page is usually enough) 3. Proof of unemployment or benefits (e.g., unemployment statement, disability income) 4. Student ID or enrollment verification (for students) 5. Insurance summary of benefits (to show limited coverage)

Client Date *

Month Day Year

