



WHITE OAK Counseling and Recovery

4695 N M37 Hwy, Suite A, Middleville, MI 49333

phone: 269-205-2402 ♦ fax: 269-205-2728

e-mail: info@wocounseling-recovery.com ♦ website: wocounseling-recovery.com

Sliding Scale Fee – Re-evaluation

(Performed every 6-8 weeks)

Client Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

HAVE YOUR CIRCUMSTANCES CHANGED? No Yes If yes, please explain:

DO YOU STILL NEED SLIDING SCALE FEE? No Yes If yes, please explain:

(Must complete Monthly Family Income section below if still requesting a sliding scale fee)

Monthly Family Income (required)

Client Spouse Other (responsible party): _____

Monthly Salary (gross): \$ _____

Public Assistance Benefits: Yes (please list all that apply) or Doesn't apply to me

Name: _____ Amount \$ _____

Name: _____ Amount \$ _____

Name: _____ Amount \$ _____

Total Family Income: \$ _____

****Verification of income by 2-3 months of current pay stubs is required for approval****

Client must sign this form stating the above information is true and accurate to the best of their knowledge. Client will notify White Oak Counseling and Recovery when their financial situation changes.

(Temporary) Co-pay Fee Agreed Upon Per Session: \$ _____ for only _____ sessions.

The co-pay will return to our normal rates after the ten sessions have been used.

The normal co-pay rate is \$ _____.

Client's Signature

Date:

Therapist's Signature

Date: