



Client Assistance Program Application

PCC was founded on the belief that everyone should have equal access to treatment, regardless of their financial situation. As part of this mission, we maintain a Client Assistance Program to subsidize treatment fees for those who have a significant financial need. The Client Assistance Program is not able to fully cover all fees, but it may substantially reduce the cost of treatment.

The amount of subsidy you receive is based on combined household income and number of dependents in your home. **To determine your eligibility, please complete this form and return it to the PCC main office along with your 2 most recent paycheck stubs or a copy of your W-2.** You will also be given the opportunity to discuss your application with your counselor during your first session.

IMPORTANT: Subsidy is available for PCC counseling and psychotherapy but not psychiatric services.

PLEASE COMPLETE ALL FIELDS

Name: _____ Date: _____

Combined annual household income: _____ (Attach pay stubs or W-2)

Total number of dependents living in your home: _____

Will any third parties (such as friends, family members, your church or health insurance) be paying any portion of your fees? Yes No

If so, please provide the following information about this person or organization.

Name: _____

Address: _____

Amount of Contribution: _____

I understand that my financial status will be reviewed on a regular basis and that my fee may be adjusted when or if my financial circumstances change. I understand that the CAP does not cover the cost of missed appointments or cancellations with less than a 24 hours notice and that I will be billed for those missed sessions. I understand that if I use the CAP I cannot file claims with my insurance company.

Client's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____