Client Assistance Application

Because financial need can impact any individual or family, The Summit actively seeks to provide compassionate funding sources to subsidize a portion of session fees for clients in need of counseling services who have significant financial need. Please fill out this application completely so that we can match you to any currently available assistance funds.

Client Information

Client Name: _____ Date of Application: _____

Client Age: _____ School (if enrolled): _____

Who referred you: _____ Location of services: _____

Household Size: _____ Household Income*: _____

Are you eligible for the Fulton County Public Schools Free Lunch Program? _____

**** Proof of income must be submitted for your application to be considered.***

Agreement

By signing this form, I agree that:

- All information submitted is complete and accurate;
- I understand any funds assigned are based on availability and are limited; any extensions to funding require a new application form;
- Any funds assigned do not cover the cost of fees for missing or cancelling appointments with less than 24 hours' notice and I will be charged my copay;
- These funds are not intended to be used with insurance; doing so may constitute insurance fraud;
- I understand that it takes time to properly evaluate the application and match to existing funds; once a decision is made, Summit Staff will return this form with the bottom portion completed.

_____ _____

Client (Adult) or Client's Parent/Legal Guardian Date

Approvals (for Summit use only)

☐Unfortunately, we are unable to offer client assistance funds at this time.

☐You have been approved for the following assistance from _____ to _____ for up to _____ sessions.

ProBono discount from The Summit	$	
Fund 1	$	
Fund 2	$	
Client Co-Pay	$	
Total Session Fee	$	140
** this fee may vary depending on the service.*		

I have reviewed the application and proof of income to determine appropriate assistance funding:

_____ _____

for The Summit Counseling Center Date