

**Holly Hemphill, MS, LMFT**  
Individual, Couple, and Family Counseling  
117 N. Water Street  
Liberty, MO 64068

**Sliding Fee Scale**

Date \_\_\_\_\_

Client Name \_\_\_\_\_

Please determine your family's gross income. This number should be *approximately* the same as the Adjusted Gross Income amount from your most recent Form 1040. This amount includes wages, alimony, child support and other income (including rents received, interest, dividends, social security, etc.)

<b>Gross Family Income</b>		<b>You Pay</b>
\$0	- \$40,000	\$75.00
\$40,001	- \$50,000	\$80.00
\$50,001	- \$60,000	\$85.00
\$60,001	- \$70,000	\$90.00
\$70,001	- \$80,000	\$95.00
\$80,001	- \$90,000	\$100.00
\$90,001	- \$100,000	\$105.00
\$100,001	- \$110,000	\$110.00
\$110,001	- \$120,000	\$115.00
Over \$120,001		\$120.00

With my signature I affirm that our gross family income is \$\_\_\_\_\_ and the subsequent session fee will be \$\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Acknowledge By

