

New Day Counseling Center
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(619) 713-1544 | info@newdaycounselingcenter.org

New Day Counseling Center Sliding Fee Scale & Scholarship Request Application Form

Are you applying for: ___ Sliding Scale Fee or ___ Scholarship

Today's Date: _____ NDCC Counselor's Name: _____

First Name: _____ MI: _____ Last: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell#: _____ DOB: _____

Household Size

First Name: _____ Last: _____ DOB: _____

First Name: _____ Last: _____ DOB: _____

First Name: _____ Last: _____ DOB: _____

First Name: _____ Last: _____ DOB: _____

First Name: _____ Last: _____ DOB: _____

First Name: _____ Last: _____ DOB: _____

Household Income **Amount** **Frequency(circle one)** **Employer**

(You) _____ \$ _____ Weekly Monthly Yearly _____

(Spouse) _____ \$ _____ Weekly Monthly Yearly _____

(Child) _____ \$ _____ Weekly Monthly Yearly _____

(Other) _____ \$ _____ Weekly Monthly Yearly _____

(Other) _____ \$ _____ Weekly Monthly Yearly _____

Total Household Income: \$ _____ **Weekly Monthly Yearly**

Other Income **You** **Spouse** **Child** **Other** **Other** **Subtotal**

Social Security _____

Public Assistance _____

Retirement Pension _____

Food Stamps _____

Child Support/Alimony _____

Interest Income _____

Other _____ **Total: \$** _____

NOTE: To comply with our policies and in order to give you a discount on our center's counseling services, it is necessary for us to ask some personal questions. Your answers will be kept in a locked file and are strictly confidential. You must verify your income at least once every year. Your annual income and your family size will be used to calculate your discount. We may request a yearly income tax return, a copy of your W-2 form, paycheck stubs, copies of your social security checks or other checks in order to get proof of your income.

I do hereby swear or affirm that the information provided on this NDCC Sliding Scale and Scholarship Application Form is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information and/or omissions may disqualify me from further consideration for the sliding fee or scholarship use program. I further agree to inform the New Day Counseling Center if there is a significant change in my income. If acceptance to the sliding fee or scholarship program is obtained under this application, I will comply with all rules and regulations of New Day Counseling Center. I hereby acknowledge that I read the foregoing disclosure and understand it.

Date: _____ Print Name: _____

Signature: _____

For Office Use Only

Received: _____ Initial: _____

Name: _____ Date: _____

Approved by Director of New Day Counseling Center

Phyllis Vokey Long, Director: _____ Date: _____

Number of Sessions Approved: _____

Comments: _____

