

APPLICATION FOR CHARITABLE ADJUSTMENT

NORTH CHERRY CREEK COUNSELING CENTER
(303) 321-1113
1400 S Colorado Blvd Suite 410
Denver, CO 80222

On occasion, fees are subsidized for clients in need.
NCCCC has a limit on its ability to subsidize and reduce fees.
Reduction in fees will be periodically reviewed.

PLEASE ATTACH PROOF OF INCOME
This include paystubs for last two pay periods
Or if self employed, copies of last two year's tax returns

Applicant's name _____ Date of Birth _____

Address _____

Social Security # _____ Telephone Number _____

Spouse's name _____ Social Security # _____

Reason for making application _____

Dependents	Name	Age	Living at Home?	If not, please explain
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant's employer _____
(Company name and address)

Supervisor _____ Telephone number _____

Total number of hours worked per week _____ Hourly wage _____

Spouse's employer _____
(Company name and address)

Supervisor _____ Telephone number _____

Total number of hours worked per week _____ Hourly wage _____

Insurance Information

Do you have medical insurance that may cover counseling? _____
If so, please complete the following. If not, please continue to the back of this page.

Insured's name _____ Social Security Number _____

Primary Insurance Carrier _____ Telephone Number _____

Group Number _____ Secondary Insured Person _____

Secondary person's SSN _____ Secondary Insurance Carrier _____

Secondary Insurance Co. Phone # _____ Secondary Group Number _____

Please fill in the following as completely as possible:

INCOME

Gross Monthly Salary _____

Spouse's Monthly Gross _____

Other Sources of Income:

Alimony _____

Child Support _____

Disability _____

Social Security _____

Other Income _____

Savings Account Balance _____

Interest/Dividend Income _____

TOTAL Monthly Income _____

Value of owned home _____

Value of stocks/bonds _____

Value of other assets _____

EXPENSES

Housing Payment _____

Car Payment _____

Credit Cards:

	Balance	Monthly Owed
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Visa	_____	_____
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Amex	_____	_____
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MC	_____	_____
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Sears	_____	_____
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Penny's	_____	_____
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Mervyn's	_____	_____
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Ward's	_____	_____
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Others	_____	_____
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Insurance _____

Doctors' Expenses _____

Utilities _____

Food _____

Other Expenses _____

Total Monthly Expenses _____

If you have any special circumstances that you would like to be made known, please list them below

Who is financially responsible for the fees _____

I affirm that all information included in this application is correct and complete. The total monthly income is _____ and the total monthly expenses are _____. My total assets amount to _____.

(Signature of Applicant)

Date _____

For office use only

Date received for consideration _____

Subsidized fee _____

Counselor _____

Recommended fee _____

Called and received credit check on _____

Hardcopy attached? _____

Director's Decision on fee _____

To Begin effective _____