



# Counseling Assistance Plan Application

Please complete the information below and submit to your therapist or to [change@nichange.com](mailto:change@nichange.com). We do not adjust the cost of initial appointments (evaluations or intakes). If you have questions on this form, please contact your therapist or [dianekeeling@nichange.com](mailto:dianekeeling@nichange.com).

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## NIC SERVICES

What services are you receiving from NIC? \_\_\_\_\_  
\_\_\_\_\_

Which therapist(s) do you see? \_\_\_\_\_

## EMPLOYMENT INFORMATION

Place of Employment: \_\_\_\_\_

Your income \_\_\_\_\_ per hour/day/week/month (circle one)

If hourly, how many hours per week do you work on average? \_\_\_\_\_

Yearly household income including yourself and anyone else helping with expenses: (include wages, social security, child support, and any other monies received) \_\_\_\_\_ per year.

## EXPENSES/DEPENDANTS

Monthly household expenses:

Mortgage/Rent \_\_\_\_\_

Child Support/Child Care \_\_\_\_\_

Groceries/Food \_\_\_\_\_

Transportation \_\_\_\_\_

Utilities \_\_\_\_\_

Other (please specify) \_\_\_\_\_

How many other adults (over 18 years old) live in your household? \_\_\_\_\_

How many children live in your household? \_\_\_\_\_ Age(s): \_\_\_\_\_

Do you live in your parents' home? (Circle one) Yes No

**THIS APPLICATION WILL NOT BE CONSIDERED WITHOUT A COPY OF YOUR MOST RECENT PAY STUB OR PROOF OF UNEMPLOYMENT/DISABILITY.**

**If any of this information has been fabricated, you will be immediately discharged and required to pay the full price for any services previously preformed. If any changes occur that would change the answers on this form, you MUST fill out a new form and submit to be reapproved.**

I certify that the information shown above is correct and understand verification is required for approval.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

|                           |                        |
|---------------------------|------------------------|
| OFFICE USE ONLY           |                        |
| Pay class approved: _____ | Effective Date: _____  |
| Approved by: _____        | Expiration Date: _____ |