



**Madison Youth & Family Services**

SUPPORT • COMMUNITY • EMPOWERMENT

**Clinical Services Fee Agreement:**

Clients will be expected to pay for ongoing counseling services provided by Madison Youth Services Clinical staff and student interns. Payment is due upon the completion of each session. Below please find our Clinical Rates of Service:

- Initial Diagnostic Intake Rate                   \$ 150.00
- Individual Therapy Session Rate               \$ 100.00
- Family Therapy Session Rate                   \$ 100.00

If you will be paying out of pocket for your clinical services, and cannot afford the fees stated above, you may ask about our sliding scale fee as shown below. This scale is based on the Gross Household Annual Income. If there are extenuating financial circumstances (unemployment, medical bills, recent divorce, etc.) that prevent you from being able to afford the sliding scale fees, as stated, you may inquire with your clinician, further reductions.

Gross Annual Income	Number of Family Members					
	1	2	3	4	5	6
\$0 - 21,660	10	10	10	10	10	10
\$21,661 - 32,480	25	20	15	10	10	10
\$32,481 - 37,890	35	30	25	20	15	10
\$37,891 - 43,230	45	40	40	30	25	25
\$43,231 - 58,220	60	55	50	40	30	20
\$58,221 - 73,240	70	70	60	50	40	30
\$73,241 - 88,200	80	80	70	60	50	40
\$88,201 - 103,161	90	90	80	70	60	50

Payments may be made by cash, check or charge. We accept Visa, MasterCard, Discover, and American Express. My signature below indicates my agreement to pay for services each time they are rendered.

Fee per Session: \_\_\_\_\_

Indicate preferred method of payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_

Printed name of Client/Parent: \_\_\_\_\_

Signature of Client/Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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