

**FEE REDUCTION REQUEST FORM**  
 Jesse G. Harris, Jr. Psychological Services Center

**1) Please fill in all boxes:**

Name:	Date:
Total Yearly Household Income (Before taxes):	Number of persons you support (including yourself):

**2) Please select one option:**

\_\_\_ first request for fee reduction \_\_\_ already on reduced fee; current fee: \$\_\_\_\_\_

**3) For each service, write in requested fee and therapist name (if known):**

Type of Service	Standard Fee	Requested Fee	Therapist Name
Individual Therapy	\$50.00 per session		
Couples Therapy	\$50.00 per session		
Child/Family Therapy	\$50.00 per session		
Social Skills Group	\$35.00 per session		
Parenting Group	\$30.00 per session		
Mindfulness Group	\$30.00 per session		
DBT Group	\$25.00 per session		
Other (Please write in):	Staff will inform you of standard fee.		

**4) Please state briefly why you are requesting to have your fees reduced:**

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I agree to notify the Harris Psychological Services Center within one week of any changes in my financial situation, including a change in income, child support payments, other payments, or the number of persons I support. I understand that any fee reduction is subject to periodic review.

\_\_\_\_\_  
 Client or Guardian Signature

\_\_\_\_\_  
 Witness

**CLINIC USE ONLY**

Set Fees: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_ Next Fee Review: \_\_\_\_\_ Entered: \_\_\_\_\_

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