Reduced-Fee Counseling Application

Name: Phone:

1. What do you most hope to achieve from our work together?

2. Ideally for you, how often do you hope to meet with me? Please circle an option below:

   1/month 2-3/month 1/week 1+/week

3. What is your average monthly income (after accounting for basic living expenses)?

4. How much are you willing to spend per month working towards your goal(s)?

   <$100 $100-$150 $150-$200 $200+

5. Circle the number that best represents your current level of motivation to work on yourself:

   1 2 3 4 5
   less motivated more motivated

6. Please feel free to add anything that might clarify my understanding of your needs and goals: