



California Lutheran University  
Community Counseling Services

**FEES**

Welcome to the Community Counseling Services (CCS) at California Lutheran University. We are pleased that you have chosen to receive counseling services here. Please note that therapy provided at CCS is performed by Masters/Doctoral level trainees and Registered Associate Marriage and Family Therapists. The trainees and Associates work under the direct supervision of licensed mental health professionals.

Please be aware that you will be expected to pay a fee for each counseling session that you or a family member receives (including the first session). The fee for your first session will be \$20.00. You must bring documentation of income **for all adults living in the home** (i.e., most recent pay stubs, W2, or federal income tax form) to your first session so that your therapist will be able to assess your ongoing session fee. Fees are based on your income (after taxes) and the number of dependents living in your family. Please note all group therapy sessions are \$10.

**If there is a no-show or cancellation with less than 24-hour notice, a fee of either \$10 or current session fee (whichever is higher) will be charged.** A total of 3 no-shows/cancellations over the course of treatment can lead to termination of services at CCS.

All fees will be reassessed a **minimal of four (4) times a year** on the 4<sup>th</sup> week of February, May, August and November. You must bring new proof of income (i.e., most recent pay stubs, W2, or federal income tax form) for each re-assessment. While CCS is sensitive to client needs, please note that having a balance on your account is not acceptable and should be discussed with your counselor. **Balances over \$60 or lack of payment for 2 sessions make clients ineligible to receive services until they pay their balance.**

**Please circle** where you fall on the fee schedule. Please discuss any concerns that you have about fees with your therapist.

**AFTER-TAX HOUSEHOLD INCOME (All adults)**

**NUMBER OF DEPENDENTS LIVING IN HOME**

<u>\$ Weekly</u>	<u>\$ Monthly</u>	<b>1-2</b>	<b>3-5</b>	<b>5+</b>
0-350	0-1,400	20	20	20
351-550	1,401-2,200	20	20	20
551-750	2,201-3,000	25	22	20
751-950	3,001-3,800	30	27	25
951-1,150	3,801-4,600	35	32	30
1,151-1,350	4,601-5,400	40	37	35
1,351-1,550	5,401-6,200	45	42	40
1,551-1,750	6,201-7,000	50	47	45
1,751 +	7001 +	50	50	50

\_\_\_\_\_  
Client/Parent/Guardian #1 Signature

\_\_\_\_\_  
Client/Parent/Guardian #1 Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Parent/Guardian #2 Signature

\_\_\_\_\_  
Client/Parent/Guardian #2 Printed Name

\_\_\_\_\_  
Date