

**Cypress Counseling Center
Michelle Langstraat, MA LMHC
6320 Evergreen Way, Suite 206
Everett, WA 98203**

Name:
Address:
City, State:
Zip:
Date of Birth:

Date: _____

Number of people in your household _____

Number of dependent people living with you _____

What is your status? ___ Married ___ Widow(er) ___ Divorced ___ Separated
___ Never Married

Do you own or rent your home? ___ Own ___ Rent ___ Live with another

Amount of household income? _____ You _____ Spouse
_____ Other person _____ Total

I declare the above information is true and have given Cypress Counseling Center permission to investigate any information given in this application. I understand that this information will be kept in the strict confidence. I also understand that if my income should change that I am required to notify Michelle Langstraat at my next appointment.

Signature

Date

Therapist

Date

Sliding Fee Eligibility Form

Cypress Counseling Center Sliding Fee Scale

Total Fees	\$90	\$100	\$110	\$120	\$140	\$150
Family Size 1	0-45,000	45,001-48,051	48,052-51,400	51,401-55,050	55,051-59,500	59,501+
2	0-56,200	56,201-59,550	59,551-62,500	62,501-65,500	65,501-69,500	69,501+
3	0-64,200	64,201-67,500	67,501-73,500	73,501-78,500	78,501-83,500	83,501+
4	0-72,250	72,251-75,500	75,501-78,500	78,501-81,500	81,501-86,500	86,501+
5	0-80,250	80,251-84,500	84,501-89,500	89,501-93,500	93,501-98,500	98,501+
6	0-86,700	86,701-91,500	91,501-96,500	96,501-101,500	101,501-106,500	106,501+
7	0-93,100	93,101-98,500	98,501-103,500	103,501-108,500	108,501-113,500	113,501+