



# Connection Is, LLC

For Creating the Life of Your Dreams  
Connection Is All There Is

## Application for Reduced Fee Counseling Services

Adult Client Name: \_\_\_\_\_ Date of application: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residential Address, if different: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Health insurance: \_\_\_\_\_

Household (Client and dependents. Please continue on back if household is larger.)			
	Age	Monthly income	Disabled or retired?
Client			

Please explain, in your own words, why reduced-fee counseling is best for your circumstances:

Do you have liquid assets (such as cash on hand, a bank account, a money market account) of \$10,000 or more: \_\_\_Yes \_\_\_No Answering yes will not necessarily disqualify you.

I understand that I will be assessed separately as to whether Connection Is, LLC can provide an appropriate level of service for my care.

I understand that there are a limited number of reduced-fee service slots available, and even if I meet the income/asset and level of service criteria, services may not be available immediately and I may be placed on a waiting list.

I, \_\_\_\_\_ certify that all information given above is true.  
(enter name)

X \_\_\_\_\_ Date  
(legal signature or mark)

Please submit this completed, signed application to [anne@connectionis.com](mailto:anne@connectionis.com) along with proof of income which may include 2 recent pay stubs, bank statements or receipts ledger.