



Psychotherapy Assistance Application

Please fill out this form if you would like to apply for a sliding scale fee for psychotherapy at Hagan Health. Please note that applying for a reduced fee does not guarantee that the application will be approved. Our Director of Psychotherapy will review the form and someone from our office will be in touch within 24-48 business hours. Thank you so much for reaching out to us!

Client Questionnaire

1. Please provide a brief overview of what you would like to work on in therapy.

2. Do you have a therapist preference? (Please note that the sliding scale only applies to Ben Hoffman and Suzanne Lancaster at this time.)

3. What self-pay fee would be affordable for you? \$ _____ per 60 minute session.

4. Do you have insurance? If so, what type?

5. What is your approximate annual household income? How many people reside in the household?

6. How often would you like to be seen? (once a week, every other week, etc.)

7. Would you like to provide any additional background information?

*Please attach the most recent household tax documents, and someone from our office will reach out to you in approximately 24-48 business hours.