

For Office Use only
App. Fee _____
Client I.D. _____

June Singer Clinic for Depth Psychotherapy
APPLICATION FOR SERVICES

(Please include a check in the amount of \$25 made out to the C. G. Jung Center.)

Date _____

Name _____ Gender _____

Address _____ Birth date _____

City _____ State _____ Zip code _____

Is it ok to receive mailings at the address? **Y N**

Home phone _____ Is it okay to leave a message at this number? **Y N**

Work phone _____ Is it okay to leave a message at this number? **Y N**

Cell phone _____ Is it okay to leave a message at this number? **Y N**

e-mail _____ Is it okay to contact you by e-mail? **Y N**

How do you prefer to be contacted? _____

Would you like to be added to the C. G. Jung Center mailing list? **Y N**

How did you hear about our services?

Personal Information:

Current living arrangement: _____

Do you have children? **Y N**

If yes, please list their ages and present activities:

Highest level of education attained: _____

Current occupation: _____

What is your occupational background?

Whom could we contact in the case of an emergency? Name: _____

Phone number(s): _____

Relationship to you: _____

Medical Status:

How is your current health?

Please specify any significant past or current illnesses:

Please list any history or present use of alcohol, drugs or other substances, including any treatments you have received:

Please list any history of psychiatric hospitalizations and/or psychiatric medications you have taken in the past or at present:

Interest in/experience with psychotherapy:

What is the purpose for which you are seeking therapy? Please be as detailed as possible.

Please specify any previous experience you have had with psychotherapy.

How did you decide on the C. G. Jung Center for your psychotherapy needs?

What types of experience have you had with Jung's psychology and/or with The C. G. Jung Center (e.g. previous therapy, books you have read, public education classes, film nights, etc.)?

What do you hope to gain from Jungian therapy or analysis?

Information for You Regarding Fee Calculation

The fees for psychotherapy through the June Singer Clinic for Depth Psychotherapy are graduated and based on a combination of family size and family income. In order to assess your fee obligation accurately, it is necessary for you to provide the information requested on the next page. It is important that you provide all of the information requested; applications cannot be fully processed with incomplete information.

The fee obligation that is calculated for you will be based on a scale that is used for all applicants for the Clinic's psychotherapy service. You will be given this fee at the time of your interview. If you believe that there are circumstances that warrant a further reduction in your fee obligation, you will be given an opportunity to formally request a lower fee. This request may need to be accompanied by further documentation.

In addition, we will be recalculating your fee each year in order to stay current with changes in your financial status, as well as the Center's operating costs. If this increase represents a difficult financial burden for you please talk this over with your therapist or contact the Clinic. If you are unable to accommodate this increase you may request a review of your financial status.

As with any personal information, the information you provide for the calculation of your fee obligation will be kept strictly confidential and will not be shared with parties or entities not directly associated with the June Singer Clinic for Depth Psychotherapy. *Your decision not to provide accurate and complete information for fee calculation may result in your application for services not being considered.*

Consent to Receive Services and Abide by Financial Procedures

I am applying for psychotherapy through the June Singer Clinic for Depth Psychotherapy of the C. G. Jung Center. I understand that, in making this application, I am agreeing to take part in an initial interview process that will determine my eligibility for receiving psychotherapy through the Clinic.

I agree to receive psychotherapy services through the Clinic if my application is accepted and I am put into contact with a therapist or analyst.

In accepting psychotherapy through the Clinic, I agree to pay the per-session fee at the time of each session. I understand that this fee will be calculated based on a sliding scale, depending on my family income.

I understand that the Clinic does not accept insurance or other third-party payments and that it will not provide additional information that may be needed for direct reimbursement to me by my insurance company.

I also agree that, when I begin psychotherapy through the Clinic, cancellation or rescheduling of an appointment must be made at least 24 hours in advance of the scheduled appointment. I understand that I may be charged for appointments that I cancel with less than 24 hours notice.

Signature

Date

Financial Disclosure Form

Name _____ Date _____

Number of adults living in household, including self _____ Dependents:
Total number _____

Number of children (under age 18) living in household _____ Ages _____

Do you have health insurance? Yes No

Do your dependents have health insurance? Yes No N/A Specify relationships, if not children:

Please provide the following information based on your family's full annual income, **including the combined figures for all income-earning members over the age of 18 contributing to the household.**

Annual gross wages/earnings _____ Annual support from governmental _____
(i.e., before taxes/other deductions) sources (e.g., Veterans, Social

Security, AFDC)

Annual interest/dividends/ _____ Annual child support _____

Annual support from family _____ Annual insurance _____
(e.g., parents, relatives, etc.) (e.g., disability, SSDI)

Other sources of income, annually _____ Annual interest/dividends/
Please specify: trust income _____

Total Annual Gross Family Income _____
(add all categories above)

If there are overall circumstances not reflected in the figures provided above that you believe should be considered in calculating your fee obligation, please explain them briefly here:

By signing below, I attest that the information provided is true and accurate and that I have read the explanation of fee calculation on the other side of this form. I understand that this information will be used solely for the purpose of the calculation of my fee obligation for psychotherapy services through the June Singer Clinic for Depth Psychotherapy of the C. G. Jung Center.

Signature

Date