

Counseling and Fee Contract

Please initial and date each statement.

Please consider your counseling time as a contract; your counselor is committed to you for a designated period of time on a regular basis. This is your time until your need for counseling is satisfied and your personal schedule should be reflective of this.

(initials) (date)

Although Grace For All Families, Llc (henceforth known as GFAF), is a ministry of Jennifer Ransom, it is supported in great part by contributions and prayer. The present cost per 1 session is \$60. This fee is substantially lower than all other counseling agencies in the area.

(initials) (date)

Payments should be made at the Beginning of each session in either cash or check and given to the counseling office. Checks should be made payable to Grace For All Families. I have a returned/dishonored check fee of \$15. A \$20 fee will be charged for all no shows. Please call 24 hours in advance for cancellations.

(initials) (date)

Counselee's Signature _____ Date _____

Parent/ Guardian Signature _____ Date _____
(if child is under 18)

We encourage and welcome donations to the Counseling Fund. They are used for helping less fortunate people with the costs of counseling. If you choose to donate, please make checks payable to Grace For All Families, and mark it as counseling donation. All such donations are tax deductible.