

# Orange County Christian Counseling

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www.OCCChristianCounseling.com Phone/FAX: 800.705.6223  
Tax ID #20-3054074 NPI #1306153283

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## APPLICATION FOR REDUCED FEE

Your Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, ST ZIP \_\_\_\_\_

Your Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Your Spouse's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

His/Her Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

How many minor children (under 18 years) are living at home? \_\_\_\_\_

What is your family's monthly take-home income? \$ \_\_\_\_\_ (Attach copy of most recent pay stubs or Tax Return.)

What type of counseling are you seeking?

Individual Counseling for Myself

Individual Counseling for My Adolescent Child

Individual Counseling for Spouse

Family Counseling

Marital Counseling

Premarital Counseling

Please answer each of the following questions:

1. Briefly describe the issue(s) that you want to address.

2. What previous counseling, if any, have you had?

3. Remember to attach your most recent pay stub(s) or a copy of your most recent Tax Return to document your income.

Mail completed form to:

Or fax completed form to:

Orange County Christian Counseling  
12792 Valley View Street, Suite 209  
Garden Grove, CA 92845

800.705.6223

We will process your application as soon as possible, usually within 24 hours of receiving it (except weekends and holidays), and will email our response to the address you provided above.

Our practice has a limited number of reduced-fee openings, which are based on client need. Therefore, in signing this application for a reduced fee, you are confirming that:

(a) the information on your application is true and accurate, AND

(b) you will not be filing insurance claims for reimbursement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Fee Application: Revised 2/20/2011*