



Financial Assistance Form

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COUNSELING FOR COUPLES, FAMILIES & INDIVIDUALS

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Cost Structure

- Base Rate: \$100 per session
- Free First Session for All Clients
- Reduced Rate for Clients in Need: \$50
- Limited Pro Bono sessions may be available

Name _____

Date _____

Phone _____

Email _____

Annual Household Income (Based on Prior Year Tax Return) \$ _____

Number of Individuals in Household _____

Briefly describe your need for financial assistance

I _____, the undersigned, affirm that the information provided above is accurate.

Signature: _____

Date: _____