



Oak Creek Relational Counseling Center Pro Bono Consent Form

In order to be in this program, you must be receiving Medical, Cal-fresh, disability or any other government assistance.

You must give a copy of your government document to your therapist to verify your financial eligibility for this program.

You have decided to receive 9 weeks of pro-bono counseling services from Oak Creek Relational Counseling Center (OCRCC). These are 9 consecutive weeks. If a week is missed due to any reason, that week will still be counted in the 9 consecutive weeks. If the therapist must reschedule the appointment this will not be counted in the 9 consecutive weeks.

When the consecutive 9 weeks are spent, you can go back on the pro-bono list. You will then be assigned to the next available therapist with an open pro-bono spot. You will have only a total of three times you can be on the pro-bono list. This includes your initial 9 consecutive weeks.

Once you have exhausted the total of 27 pro-bono weeks, you then have the choice to continue with the therapist for \$25 per session. This price will increase in increments of \$5 every 3 months until you have reached \$60 which is our bottom rate. At this rate price increases are usually yearly.

By signing this form, you are agreeing to all that is listed above.

Clients Signature: _____ Date signed: _____

Clients Name Printed: _____