

## Guinn Healthcare Technologies, LLC Self Attestation/Service Fee Receipt

Eligibility for Counselor Learning Lab services depends on client income level (at or below 150% of poverty level) and lack of means to pay for other counseling services by a fully licensed professional.

\_\_\_\_\_ I attest that my family income does not exceed 150% of State of Texas poverty  
Initials guidelines (figures below).

- |   |   |
|---|---|
| <input type="radio"/> 1 in family: \$15,600 | <input type="radio"/> 4 in family: \$31,800 |
| <input type="radio"/> 2 in family: \$21,000 | <input type="radio"/> 5 in family: \$37,200 |
| <input type="radio"/> 3 in family: \$26,400 | <input type="radio"/> 6 in family: \$42,600 |

\*\*Figures adapted from Department of State Health Services website:  
<http://www.dshs.state.tx.us/fic/al19-2-4.shtm>

\_\_\_\_\_ I attest I am not covered for counseling services under Medicaid or any other  
Initials type of insurance.

*\*\*All information provided on this form is true and accurate to the best of my knowledge.*

Signature \_\_\_\_\_ Please print your name: \_\_\_\_\_

Date \_\_\_\_\_

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### Counselor Learning Lab Fees

– \$10 per individual session      – \$5 per person group session

Paid Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Admin. Signature: \_\_\_\_\_

Fee Waiver Request Date: \_\_\_\_\_

Reason for Fee Waiver Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request: Approved / Denied    X Administrative Signature \_\_\_\_\_