



Seattle Counseling Service

PROUDLY SERVING THE LGBT COMMUNITY SINCE 1969

Application for Services

Thank you for your interest in Seattle Counseling Service. We are the oldest LGBT mental health agency in the United States, proudly serving our community and allies since 1969. SCS expanded our services to include alcohol and drug addiction in 2003.

Recently we combined our mental health and addiction intakes into one, comprehensive assessment. This new tool helps us to determine how best to support you and provide you with the appropriate kind of care.

General Information

Name: _____ Date: _____
First Name Preferred Name M.I. Last Name

Person completing application: SELF OTHER If other, indicate relationship to applicant: _____

Are you a returning client? YES NO What is your date of birth? _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Type of phone? HOME CELL WORK Can we leave a message? YES NO

What is your preferred language? _____

Financial Information

Gross annual income BEFORE expenses?
Include income of yourself and partner/s. Do not include parent or guardian income: \$ _____

Source of income: _____ Family Size? Include yourself, spouse and children if any: _____

Are you currently on Medicaid? YES NO If you are **NOT** on Medicaid, do you have **OTHER** insurance? YES NO

If you have **Non-Medicaid** insurance, what is the name of the Insurance Carrier? _____

Insurance Member # _____ Insurance Group # _____

Insurance Phone # _____ Is this a Medicare Plan? YES NO

Seattle Counseling Service provides services on a sliding scale basis to the extent possible to those in need. Proof of income is required and eligibility is determined by comparing your gross household income to the Federal Poverty Guidelines. Your eligibility is reviewed on an annual basis, and your sliding scale rate may change if you've had a change in household income. If there are two or more adults in the household, documents must be provided for all adults to verify household income. If you feel that you have special circumstances, you may submit a written statement explaining your current situation.

We accept the following documents as proof of income:

- Federal Income Tax filing for the previous year
- Two months of paycheck stubs
- Two months of bank statements

Special funding may be available to you if any of the following conditions apply to your situation. If you wish to be considered for this funding, check any items that apply.

- I am currently pregnant.
- I am a current or past victim of sexual assault or abuse.
- I am an immigrant, refugee, or undocumented.
- I am a veteran.

Programs and Services

Please tell us why you are seeking services: _____

If requesting couples counseling, what is your partner's name:: _____

Please note:

- SCS only provides **psychiatric medication management** to Medicaid clients enrolled in our mental health therapy services.
- If seeking **couple's counseling**, SCS requires that all partners complete the assessment and engage in individual therapy (5 sessions minimum) prior to being assigned a couple's therapist. An exception is made for any partners already receiving therapy outside of the agency. A release of information with these therapists will be required.

Do you need an assessment/treatment for court or probationary purposes? YES NO

For a **DUI**, you will need to provide 3 documents:

1. A copy of the citation of the evening in question or a copy of the police report
2. Your driver's abstract (available at the Department of Licensing)
3. Any paperwork from the court in regards to your sentencing, court dates, charges, etc.

For **non-DUI charges**, please provide:

1. A copy of the citation or a copy of the police report
2. A copy of your criminal record or evidence of lack thereof
3. Any paperwork from the court in regards to your sentencing, court dates, charges, etc.

How did you hear about us?

_____ _____ _____

Best time(s) for appointments? Mornings Afternoons Evenings