

Resilient Families Counseling, LLC

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Financial Information

Client Name: _____ Date: _____

Address: _____

Home phone: _____ Cell: _____

Family Income: please include all members of household who contribute more than \$500 per year to family income:

Wage Earner	Gross annual wage	Monthly income	Weekly income
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1. _____

2. _____

3. _____

4. Any child support paid to you per month: _____

5. Investment income: _____

6. Federal assistance/disability income: _____

Total Income from above:

Yearly: _____ Monthly: _____ Weekly: _____

How many people, including yourself, are dependent on above incomes? _____

List any special financial issues that would be helpful for us to know:

I attest that the above statements represent a true report of my income:

Signature of person completing form: _____

Printed name of person completing form: _____

Client Fee: _____ Date: _____

Therapist Signature: _____