

Discount Eligibility Form

Thank you for your interest in our community discount program. Please complete this form to apply for a discount based on eligibility. Your information will be kept confidential.

Personal Information

Full Name: _____

Email (optional): _____

Phone Number (optional): _____

Eligibility Category (Check all that apply):

Low-Income Individual

College Student

Veteran

Person with Disabilities

Senior (65+)

LGBTQ+ Individual

Proof of Eligibility

(If applicable, please provide one of the following: Student ID, VA Card, Disability Documentation, Government Assistance Proof, etc.)

Type of Document Provided: _____

Self-Attestation Statement (For LGBTQ+ or Low-Income Individuals)

I, _____, affirm that I meet the eligibility criteria selected above. I understand that providing false information may result in disqualification from the discount program.

Signature: _____

Date: ____ / ____ / ____

Discounted Pricing Breakdown

Our standard rate for wellness consultations is as follows:

Wellness Sessions Pricing Breakdown

This package includes 1 initial session and 5 follow-ups.

Original Total Price: \$475

Discount Applied: 25% Off

Price After Discount: \$356.25

This discounted rate is available for a period of 3 months upon approval. Clients must submit proof of eligibility to continue receiving the discount beyond this timeframe.

Note:

If you're completing a Discount Economic Stability Form, please make sure this form is completed in its entirety with verifying documentation, such as: a copy of an award letter showing benefits (SNAP, WIC, Medicaid approval letter, Section 8 housing voucher letter), last 2 check stubs showing low income, unemployment benefits letter, proof of Social Security Disability, SSI, or SSDI, valid College ID, current class schedule, Financial Award Letter showing Pell Grant Eligibility, Military Card or VA Benefits Card, eviction notice, utility shut-off notice, a letter from a social worker, case worker, church, LGBTQ therapist, psychiatrist, psychologist, or nonprofit confirming financial hardship, and a sexual orientation letter if LGBTQ affiliated.

(All supporting documents can be emailed to akinagardenhealing@gmail.com along with this completed form.)

For Internal Use Only

Approved by: _____

Date of Approval: ____ / ____ / ____

Notes: _____