

Mars Hill Centre: Fee Schedule

Updated August 2005

Mars Hill Centre will not turn anyone away because of lack of finances. The fee schedule below reflects the degree to which we subsidize group fees and counseling sessions for those who are experiencing financial hardship. We believe that it is an important part of the healing process and the dignity of the individual that each person contributes financially toward the groups they attend.

Fees are based on groups of 16 weeks in length. The fees for shorter groups will be reduced accordingly. If you feel that you are unable to pay the fee stated in the schedule please do not hesitate to call our office to make financial arrangements. Your group facilitator will discuss this further with you at your pre-group interview.

Pre-registration: All group participants must purchase their own books and pay a non-refundable deposit. You are not registered for the group until the deposit is paid. You will be mailed an invoice each month for the balance of the group fee with payments due by the first class of each month.

Payment Methods: Mail a cheque, money order or post-dated cheques to:

Attention Nancy: Mars Hill Centre
 Box 4400
 Edmonton, AB
 T6E 4T5

Fee Schedule

Total Group Fee	*Monthly Payment <u>or</u> *Individual Counseling Session	Non-refundable Deposit (equal to first month fee)	Household Income NO DEPENDENTS	Household Income DEPENDANTS
\$ 40	\$ 10	\$ 10	SFI	SFI
\$ 60	\$ 15	\$ 15	AISH or > 18,000	AISH or > 25,000
\$ 160	\$ 40	\$ 40	\$18,000-25,000	\$25,000-35,000
\$ 200	\$ 50	\$ 50	\$25,000-35,000	\$35,000-45,000
\$ 240	\$ 60	\$ 60	\$35,000-45,000	\$45,000-50,000
\$ 320	\$ 80	\$ 80	\$45,000-55,000	\$50,000-60,000
\$ 540	\$ 135	\$ 135	\$55,000 and up	\$60,000 and up

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\$ 160	\$ 40	\$ 40	\$18,000-25,000	\$25,000-35,000
\$ 200	\$ 50	\$ 50	\$25,000-35,000	\$35,000-45,000
\$ 240	\$ 60	\$ 60	\$35,000-45,000	\$45,000-50,000
\$ 320	\$ 80	\$ 80	\$45,000-55,000	\$50,000-60,000
\$ 540	\$ 135	\$ 135	\$55,000 and up	\$60,000 and up

Group Name: _____

Start Date: _____

Participant Name: _____

Address: _____

Phone number: _____

Total Group Fee: _____

Monthly Payment Amount: _____

I understand that it is my responsibility to ensure that my group fees are paid in full.

Signature: _____ Date: _____